



NORFOLK COUNTY COUNCIL

Annual Report

of the

**COUNTY MEDICAL OFFICER
FOR 1961**



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PREFACE

The following report on the health of Norfolk is the 55th of the series. The period it covers passed, for the most part, uneventfully but, none-the-less, 1961 was a very busy year. There was much pre-occupation with the collation of evidence for the Boundary Commission and in connection with the new County Offices, and the planning of new building projects under the Mental Health Act presented many problems.

Further, on the suggestion of the Queen's Institute of District Nursing, it was decided to start a training course in Norfolk for Queen's Nurses, and much consideration was given to the commencing of this scheme. These courses will be devoted primarily to the training of our own staff and, as there is still a shortage of all categories of nurses, they should also prove an aid to future recruitment.

Changes among Area Medical Staff were unusually high and the county lost two Medical Officers by retirement on age and a third by transfer to another authority—in all $33\frac{1}{3}\%$ of the establishment. In addition, the county was unfortunate in losing by death, Mr. Reeve, one of the Senior Local Welfare Officers, who had rendered outstanding service both locally and nationally. Mention may also rightly be made here of the report by the Chief Dental Officer, which is the last Mr. Millican will submit before his approaching retirement after 42 years' service with this County Council.

Before commenting on the annual statistics, attention should perhaps be directed to the slight fall in the population of the county, following eight years' continuous expansion. The effect of this is to raise both the birth and death rates to a level somewhat higher than expected. In this connection, it may be of interest to compare the 1931 census figure of 318,903 for the Administrative County with the estimated mid-1961 figure of 392,100. Actually, in the last decade, there has been an increase of 15,000.

Bearing the above facts in mind, it may be noted that, with the application of the comparability factor, both birth and death rates remain somewhat better than those for England and Wales. 53% of deaths, in fact, occurred in persons of 75 years of age or over.

The infant mortality rate, after last year's low record, returned to its former level, 70% of infant deaths occurring in the first four weeks of life. The peri- and neo-natal causes of death are frequently ill-defined, but prematurity and congenital defects play the major role.

On the other hand, the still-birth rate fell substantially, to reach the lowest level yet recorded. Thirty years ago, that rate was two to three times higher than the present one.

53% of all Norfolk babies were born at home, and this figure seems approximately in proper balance as compared with hospital confinements for a rural county.

Once again it is necessary to call attention to the steadily increasing importance of cancer of the lung, or bronchus, as a cause of death. Nearly 20% of all cancer deaths is now due to these forms of the disease. The reversal of this trend largely rests with the individual who, in addition to merely accepting the evidence that cigarette smoking is a most important contributory factor, must be prepared to act on it.

Deaths due to pulmonary tuberculosis showed some increase, but this was of no particular significance. Of greater interest is the increase in the notification of new cases and this has been commented upon by the Chest Physicians in their report.

A word is also required concerning venereal diseases. Mention has been made in the National Press and elsewhere of a large increase in incidence. Of this there is little evidence insofar as Norfolk is concerned.

In the field of infectious diseases, this county had a good year with the exception of measles, which exhibited its well-known two year periodicity. Protective inoculations were pursued with vigour, with special emphasis on diphtheria, which, as a result of concentration in previous years on poliomyelitis vaccination, had fallen into arrears. It is noteworthy that only one case of poliomyelitis was recorded and that probably an import.

With regard to infant welfare, the sales of foods issued under the Government scheme slumped considerably on the introduction of full economic charges. Many mothers switched to proprietary brands and, in these days of prosperity the fall in uptake is of little consequence.

The number of patients conveyed by ambulance and car continued to increase, but the concentration of control at Norwich and King's Lynn, which took place in the latter part of 1960, has enabled journeys to be combined and mileage reduced.

Steady progress was made in the implementation of the Council's proposals under the Mental Health Act, but difficulties in obtaining sites hindered the commencement of any new project during the year. In fact, it will be many years before those major developments already planned can be brought into effect and a full community service become operative. First steps were taken in accordance with the Younghusband Committee recommendations regarding the training of social workers and two welfare assistants were appointed who, after a period of in-service training, will proceed on the appropriate two-year course.

Some comment is perhaps also necessary concerning the growth and development of the engineering services. Public Health Engineering, as a specialised branch, is relatively new in this country, although it has for long been practised in the United States of America. It is pleasing to be able to record that, despite the rapid development of these services in Norfolk, they continued to function successfully as part of the Health Services, with close co-operation within the Department and excellent understanding between the County and District Authorities.

The load carried by the staff of the Health Department seems continually to build up and without good team work the situation would at times become intolerable. The way in which all members rise to the occasion is most praiseworthy. We are also most grateful for the constant support of the Voluntary Bodies, who do so much beyond the scope of the Local Health Authority for the benefit of the people of this county.

K. F. ALFORD

Public Health Department,
29, Thorpe Road,
Norwich, Norfolk, NOR 01 T.
(Tel. Norwich 22288)
August 1962.

PUBLIC HEALTH STAFF

County Medical Officer and Principal School Medical Officer:

K. F. ALFORD, M.B., Ch.B., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

A. G. SCOTT, M.B., Ch.B., D.P.H.

Senior Medical Officer :

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant Medical Officer :

A. N. HUNTER, M.B., Ch.B., D.P.H.

Assistant County Medical Officers and District Medical Officers of Health :

A. A. G. CARSON, M.B., Ch.B., D.P.H. (from 18.9.61)
W. H. CRICHTON, C.I.E., M.B., Ch.B., D.P.H. (to 17.9.61)
A. S. DUNN, L.R.F.P.S., L.R.C.P., D.C.H., D.P.H. (from 25.9.61)
IRENE B. M. GREEN, M.D., B.S., D.P.H.
A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H.
J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H. (to 7.4.61)
W. E. HOLMES, M.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M.&H.
P. G. HOLT, M.B., Ch.B., D.P.H.
G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.
C. T. JONES, M.R.C.S., L.R.C.P., D.P.H. (from 1.5.61)
N. T. W. POVER, L.M.S.S.A., L.R.F.P.S., L.R.C.S., D.P.H. (to 31.7.61)
J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officers :

Full-time

A. D. MACDONALD, M.D., Ch.B.

Part-time

J. B. BENWELL, M.B., B.S., D.C.H. (from 2.6.61)
SYBIL E. CATOR, M.B., Ch.B.
ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.
P. M. FEA, M.B., Ch.B. (to 2.3.61)
A. S. GARRETT, M.B.E., M.B., B.S.
MOLLY GOVIER, M.B., Ch.B., D.C.H.
J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H. (from 27.9.61)
ROSEMARIE D. LINCOLN, M.B., B.S.
R. N. C. McCURDY, M.B., Ch.B., D.P.H.
C. MARGARET McLEOD, M.B., Ch.B.
ZOE T. SLATTERY, M.B., B.S., D.C.H. (from 2.5.61)

Chest Physicians :

(Joint appointments with East Anglian Regional Hospital Board)

A. H. C. COUCH, M.D., M.R.C.P., D.C.H.
G. F. BARRAN, M.D., M.R.C.S., L.R.C.P.

Chief Dental Officer :

P. MILLICAN, F.S.A., L.D.S., R.C.S. (Eng).

Dental Officers :

Full-time

HILDA M. CROXFORD, L.D.S., R.C.S. (Eng). (to 30.11.61)

J. H. DE MIERRE, L.D.S., R.C.S. (Eng).

J. W. McQUISTON, L.D.S. (Q. U. Belf.)

LILY T. MILNES, L.D.S., R.F.P.S. (Glas.)

E. C. PACKHAM, L.D.S., R.C.S. (Eng.).

S. H. WOONTON, L.D.S., R.C.S. (Eng.)

Part-time

M. G. ANSON, L.D.S., R.C.S. (Eng).

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng).

J. H. H. GRIFFIN, L.D.S., R.C.S. (Eng.). (to 31.12.61)

W. NICHOLLS, L.D.S., R.C.S. (Eng.).

W. M. ROUSE, B.D.S. (Durham)

Superintendent Nursing Officer and Non-Medical Supervisor of Midwives:

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert., Q.N. (to 9.6.61)

MISS M. HARRIS, S.R.N., S.C.M., H.V.Cert., Q.N. (from 1.7.61)

Assistant Superintendent Nursing Officers:

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N. (from 1.3.61)

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

County Public Health Engineer :

G. W. CURTIS, M.I.P.H.E., D.P.A.

Senior Design Engineer:

F. S. CLAYTON, M.I.Mun.E., A.M.T.P.I.

Senior Assistant County Public Health Officer :

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

Superintendent Welfare Officer:

C. J. TAYLOR, M.B.E.

Deputy Superintendent Welfare Officer :

T. H. HIGHAM, B.E.M.

Local Welfare Officers:

G. R. ARMSTRONG

A. BOOTHMAN

J. COWELL

S. J. DODMAN

C. J. GALLANT

V. C. HALL

D. R. INGHAM

V. K. C. KIRBY

T. A. MAYFIELD

W. J. PEACOCK

F. L. RAY

J. A. ROWE

Senior Home Teacher and Visitor for the Blind:
MISS H. G. BELLAMY

Home Teachers and Visitors for the Blind:

MRS. E. M. COOPER (from 1.2.61)
MISS M. HAWKE
MISS D. H. LETHAM (from 1.1.61)
MRS. M. D. NEAVE
MRS. O. OAKLEY (from 24.7.61)
MISS H. K. PAYNE
MRS. K. M. READ

Home Help Organiser:

MRS. E. A. KING, S.C.M., M.I.H.H.O.

Junior Training Centre Supervisors:

MISS T. BYLES
MISS G. M. FIELD (to 30.9.61)
MISS S. J. GEE
MISS S. M. QUINSEE
MRS. N. SNUTCH (from 1.11.61)

Mental Health Worker :

MRS. S. RAINBOW

Home Teachers for Mental Defectives:

MISS B. I. CUMING
MISS F. S. HURN (to 11.6.61)
MRS. N. SNUTCH (to 31.10.61)
MISS J. C. CLAPSON (from 11.12.61)

Chief Administrative Assistant:

E. W. DURRANT

County Analyst :

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.

BIRTHS AND INFANTILE MORTALITY

TABLE 1.

County district.				Population	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Deaths of infants under 1 wk. of age		
					Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total
MUNICIPAL BOROUGHS—																			
King's Lynn	...	...	...	27,310	448	33	481	9	1	10	13	—	13	6	—	6	5	—	5
Thetford	...	...	...	5,470	119	5	124	1	—	1	1	—	1	—	—	—	—	—	—
				32,780	567	38	605	10	1	11	14	—	14	6	—	6	5	—	5
URBAN DISTRICTS—																			
Cromer	...	...	...	4,800	54	3	57	3	—	3	—	—	—	—	—	—	—	—	—
Diss	...	...	...	3,600	54	3	57	2	—	2	1	—	1	1	—	1	1	—	1
Downham Market	...	...	...	2,820	47	5	52	1	—	1	2	—	2	2	—	2	2	—	2
East Dereham	...	...	...	7,180	116	5	121	—	—	—	—	—	—	—	—	—	—	—	—
Hunstanton	...	...	...	4,840	130	6	136	1	—	1	8	—	8	5	—	5	5	—	5
North Walsham	...	...	...	4,990	65	3	68	3	—	3	—	—	—	—	—	—	—	—	—
Sheringham	...	...	...	4,640	70	3	73	3	—	3	—	—	—	—	—	—	—	—	—
Swaffham	...	...	...	3,170	48	2	50	—	—	—	—	—	—	—	—	—	—	—	—
Wells-next-the-Sea	...	...	...	2,470	33	2	35	2	1	3	2	—	2	1	—	1	1	—	1
Wymondham	...	...	...	5,900	85	6	91	—	—	—	—	—	—	—	—	—	—	—	—
				44,410	702	38	740	15	1	16	13	—	13	9	—	9	9	—	9
RURAL DISTRICTS—																			
Blofield and Flegg	...	...	...	34,760	443	25	468	8	—	8	7	—	7	7	—	7	7	—	7
Depwade	...	...	...	17,460	216	18	234	2	—	2	2	1	3	1	—	1	1	—	1
Docking	...	...	...	18,500	306	16	322	10	—	10	9	—	9	7	—	7	5	—	5
Downham	...	...	...	25,090	419	18	437	4	—	4	8	1	9	6	1	7	5	1	6
Erpingham	...	...	...	18,570	243	7	250	1	—	1	3	—	3	2	—	2	1	—	1
Forehoe and Henstead	...	...	...	26,610	374	20	394	7	—	7	9	—	9	5	—	5	4	—	4
Freebridge Lynn	...	...	...	11,950	224	10	234	4	—	4	5	—	5	5	—	5	5	—	5
Loddon	...	...	...	12,220	170	4	174	1	—	1	1	—	1	1	—	1	1	—	1
Marshland	...	...	...	17,010	270	14	284	3	1	4	5	1	6	1	1	2	1	1	2
Mitford and Launditch	...	...	...	17,880	256	10	266	2	—	2	6	1	7	5	1	6	4	1	5
St. Faith's and Aylsham	...	...	...	45,630	858	32	890	11	1	12	19	—	19	14	—	14	11	—	11
Smallburgh	...	...	...	17,410	204	8	212	3	—	3	5	—	5	3	—	3	3	—	3
Swaffham	...	...	...	9,020	183	8	191	6	—	6	2	1	3	2	1	3	2	1	3
Walsingham	...	...	...	22,830	348	14	362	5	—	5	6	—	6	5	—	5	4	—	4
Wayland	...	...	...	19,970	287	12	299	5	—	5	4	—	4	3	—	3	3	—	3
				314,910	4801	216	5017	72	2	74	91	5	96	67	4	71	57	4	61
ADMINISTRATIVE COUNTY				392,100	6070	292	6362	97	4	101	118	5	123	82	4	86	71	4	75

I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

Acreage	...	...	...	...	...	...	1,302,501
Population—Estimated by Registrar-General (mid-1961)	...						392,100
Estimated Product of Penny Rate for General Purposes (1961/62)							£14,828
Rateable Value for General Purposes (1st April, 1961)	...						£3,682,864

Live Births

Number	...	...	...	...	...	...	6362
Rate per 1000 population	...	...	...	...	...	...	16.23

Illegitimate Live Births (per cent. of total live births)	...						4.59
---	-----	--	--	--	--	--	------

Still Births

Number	...	...	...	...	...	...	101
Rate per 1000 total live and still births	15.63

Total Live and Still Births	6463
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Infant Deaths (deaths under one year)	123
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Infant Mortality Rates

Total infant deaths per 1000 total live births	...						19.33
Legitimate infant deaths per 1000 legitimate live births	...						19.44
Illegitimate infant deaths per 1000 illegitimate live births	...						17.12

Neo-natal Mortality Rate (deaths under four weeks per 1000 total live births)	13.52
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Early Neo-natal Mortality Rate (deaths under one week per 1000 total live births)	11.79
---	-----	-----	-----	-----	-----	-----	-------

Perinatal Mortality Rate (still births and deaths under one week combined per 1000 total live and still births)	...						27.23
---	-----	--	--	--	--	--	-------

Maternal Mortality (including abortion)

Number of deaths	...	...	...	...	...	...	5
Rate per 1000 total live and still births	...	...	...	...	...	...	0.77

Live Births

6,362 live births were registered, giving a rate of 16.23 which was an increase of 0.46 on the previous year. With the application of the comparability factor (1.10), the resultant figure of 17.85 compares favourably with the national rate of 17.4.

There were 292 illegitimate live births in 1961, comprising 4.59% of all live births. This shows a decrease of 0.21% in the figure for the previous year.

The distribution of births amongst the county districts is shown in Table 1.

Still Births

The still birth rate of 15.63 shows a decrease of 4.63 on the previous year, and is lower than the national rate of 18.7.

Infantile Mortality

There were 123 deaths of children under the age of one year. The resultant rate of 19.33 shows an increase of 3.34 on the previous year, but is lower than the national figure of 21.4.

75 of these deaths were perinatal deaths, occurring in the first week of life, and 11 more occurred in the first four weeks of life, both figures together accounting for 70% of the total.

Maternal Mortality

There were 5 maternal deaths, the same number as last year.

Deaths

Death rate per 1,000 of the estimated population ... 12.30

During 1960 there were 4,823 deaths and the death rate was 1.08 higher than the previous year. The application of the comparability factor of 0.88 however, gives a rate of 10.82 which is lower than the England and Wales rate of 12.0.

53% of the deaths were of persons 75 years of age or over (see Table 2).

The cancer death rate per 1,000 of the population was 1.92 and the age distribution of deaths was as follows:—

	0—	1—	5—	15—	25—	45—	65—	75—	Total
Males	—	1	2	2	15	148	111	125	404
Females	—	2	—	—	14	111	103	117	347
	—	—	—	—	—	—	—	—	—
	—	3	2	2	29	259	214	242	751
	—	—	—	—	—	—	—	—	—

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths since 1953 :—

Year	Cancer death rate per 1,000 population	Lung and bronchus— % of all cancer deaths
1953	1.86	11.17
1954	2.12	13.03
1955	1.97	13.90
1956	1.88	17.62
1957	2.01	14.54
1958	1.84	16.71
1959	2.13	16.27
1960	2.04	17.37
1961	1.92	19.18

There were 17 deaths due to tuberculosis. All of these deaths were due to respiratory forms of the disease.

DEATHS BY AREAS AND AGE GROUPS.

TABLE 2.

Cause of death	Municipal Boroughs		Urban Districts										Rural Districts														Total	Age at death								
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham		Wayland	0—	1—	5—	15—	25—	45—	65—	75—
Tuberculosis, respiratory	2	—	—	—	2	—	1	—	—	—	—	—	2	2	—	—	1	1	—	—	1	—	3	1	—	1	—	17	—	—	—	—	—	8	5	4
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	1	2	1	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	—	—	
Other infective and parasitic diseases	—	—	—	1	—	1	—	1	—	—	—	—	—	1	—	—	—	3	—	—	—	1	1	—	1	2	2	14	—	2	—	1	—	4	2	5
Malignant neoplasm, stomach	13	2	1	1	1	1	2	1	—	2	—	1	8	3	5	8	4	6	5	1	5	4	10	3	4	8	1	101	—	—	—	—	3	28	24	46
Malignant neoplasm, lung, bronchus	13	3	1	2	1	5	2	4	4	2	1	1	12	3	4	6	7	11	4	7	4	6	20	5	2	8	6	144	—	—	—	—	7	80	33	24
Malignant neoplasm, breast	5	1	—	—	1	1	—	3	1	—	—	2	8	3	1	3	5	4	2	1	2	2	11	1	1	1	3	66	—	—	—	—	6	28	20	12
Malignant neoplasm, uterus	3	—	1	—	—	1	1	—	1	—	—	—	2	—	1	1	—	3	1	1	1	1	—	1	1	2	23	—	—	—	—	2	8	6	7	
Other malignant and lymphatic neoplasms	29	5	3	2	1	14	3	5	9	5	3	6	48	27	22	22	18	25	15	12	13	22	42	24	8	19	15	417	—	3	2	2	11	115	131	153
Leukæmia, aleukæmia	3	—	2	—	—	—	—	—	—	—	—	—	1	1	—	1	2	1	—	—	1	1	—	—	1	3	1	18	—	1	2	1	—	8	3	3
Diabetes	3	—	1	—	—	—	—	—	—	1	—	1	4	3	2	1	6	3	2	2	1	1	7	1	1	4	—	44	—	—	1	—	—	5	21	17
Vascular lesions of nervous system	43	11	14	10	16	11	25	15	12	8	7	12	64	35	25	29	44	56	26	24	20	42	73	32	7	28	35	724	—	—	1	1	4	85	189	444
Coronary disease, angina	61	13	12	12	13	17	4	13	16	4	5	10	84	47	43	31	50	56	21	20	30	36	106	39	21	25	30	822	—	—	—	—	8	169	260	385
Hypertension with heart disease	3	—	4	—	1	1	1	2	1	—	1	4	17	2	1	7	5	4	1	2	4	3	10	8	1	4	—	87	—	—	—	—	1	10	25	51
Other heart disease	22	22	15	6	—	15	4	13	30	6	8	5	150	39	30	29	51	96	18	27	13	28	87	37	12	39	16	815	—	—	—	—	5	48	125	637
Other circulatory disease	16	4	5	1	1	2	2	4	2	2	2	1	13	16	7	18	10	32	—	8	8	9	21	5	8	7	20	224	—	—	—	—	4	21	48	151
Influenza	3	—	—	1	—	—	—	—	—	—	—	—	3	5	1	2	2	7	4	—	1	8	6	1	1	1	3	49	—	—	1	4	1	4	9	30
Pneumonia	26	1	7	—	4	4	2	4	1	1	1	4	40	15	19	3	13	19	8	5	14	20	32	10	2	6	6	267	13	6	3	2	5	25	59	154
Bronchitis	10	2	5	3	2	2	3	3	2	5	2	2	20	8	5	7	5	9	5	6	10	5	11	6	5	5	2	150	2	2	—	—	2	22	43	79
Other diseases of respiratory system	4	—	2	1	2	—	1	—	2	—	1	—	5	2	1	1	2	4	1	—	2	1	4	2	—	1	1	40	—	—	—	—	1	11	11	17
Ulcer of stomach and duodenum	1	1	1	1	—	2	—	1	2	—	1	—	3	6	3	4	1	2	2	3	—	2	3	7	—	3	1	50	—	—	—	—	3	5	15	27
Gastritis, enteritis and diarrhœa	—	1	—	—	1	—	—	—	—	—	—	—	1	1	2	—	—	—	—	2	2	1	2	—	1	1	1	16	1	—	—	—	1	4	2	8
Nephritis and nephrosis	1	2	—	—	—	1	—	1	—	—	—	—	2	2	1	1	2	—	1	1	3	3	3	—	—	3	2	29	—	—	—	1	4	10	9	5
Hyperplasia of prostate	2	1	—	—	—	1	—	—	—	—	—	1	7	1	3	2	2	6	1	1	2	3	3	2	—	2	2	42	—	—	—	—	—	3	8	31
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	1	1	—	5	—	—	—	2	3	—	—	—
Congenital malformations	3	—	—	1	—	—	1	—	—	—	—	—	3	2	1	3	1	2	—	—	1	3	9	—	1	2	—	33	30	—	—	1	—	1	—	1
Other defined and ill-defined diseases	33	5	8	2	14	5	10	8	1	1	2	2	30	17	29	29	12	28	11	9	17	21	52	20	8	24	13	411	67	1	10	6	17	46	54	210
Motor vehicle accidents	4	—	—	—	—	—	2	—	—	1	—	1	1	1	1	5	7	1	1	2	1	4	—	8	3	3	3	53	—	1	6	15	9	8	4	10
All other accidents	13	3	2	—	1	2	—	3	5	—	3	—	10	9	3	2	5	8	5	2	4	10	11	5	3	6	6	119	9	4	5	2	14	9	16	60
Suicide	2	—	—	1	—	1	1	—	1	—	—	1	3	1	1	4	1	1	1	—	—	2	2	4	3	2	1	35	—	—	—	—	10	16	7	2
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—
All causes	318	76	84	45	61	88	65	81	90	38	37	54	546	252	221	222	251	388	136	137	164	237	540	215	95	209	173	4823	123	21	31	39	121	782	1132	2574

The following table shows, as percentages of all deaths, the deaths in various age groups during the last 20 years :—

Year	Deaths by Age Groups							
	0—	1—	5—	15—	25—	45—	65—	75—
1942	5.8	1.2	1.3	7.3		19.8	64.6	
1943	5.8	1.6	1.2	6.6		18.4	66.4	
1944	5.7	1.4	1.5	7.1		18.0	66.3	
1945	6.1	1.2	1.3	6.5		18.7	66.2	
1946	5.1	0.9	0.8	6.3		17.5	69.4	
1947	5.9	0.5	0.8	5.4		17.4	69.9	
1948	4.9	1.0	0.7	6.2		18.3	68.9	
1949	3.9	0.8	0.6	5.1		16.7	72.9	
1950	3.6	0.7	0.7	1.1	4.0	17.3	24.5	48.1
1951	3.5	1.0	0.8	1.4	3.5	16.5	24.3	49.0
1952	3.8	0.4	0.6	1.1	3.5	17.2	24.7	48.7
1953	3.5	0.6	0.7	1.0	4.3	17.1	24.4	48.4
1954	2.7	0.5	0.7	1.6	2.9	16.4	25.9	49.1
1955	2.4	0.4	0.5	0.9	3.1	16.8	25.7	50.2
1956	2.3	0.4	0.5	1.2	2.8	16.6	25.6	50.6
1957	2.9	0.4	0.5	1.1	2.7	17.8	24.6	50.0
1958	2.5	0.3	0.6	1.2	2.4	17.2	24.8	51.0
1959	2.5	0.4	0.6	0.8	2.7	16.5	25.2	51.3
1960	2.2	0.4	0.5	1.1	2.7	17.9	24.0	51.2
1961	2.6	0.4	0.6	0.8	2.5	16.2	23.5	53.4

II. CARE OF MOTHERS AND YOUNG CHILDREN

Maternity Accommodation

Maternity accommodation for county residents is provided mainly by the Norwich, Lowestoft and Gt. Yarmouth, the Cromer Area and the King’s Lynn Area Hospitals Management Committees. The demand continued to be in excess of the number of beds available and, following investigation by the Council’s nursing staff, sociological reports were supplied to the hospitals concerned in respect of 723 maternity cases referred by medical practitioners for admission on other than medical grounds. 551 were recommended as necessary.

Two cases booked by midwives were referred for admission to hospital due to unsatisfactory home conditions.

The proportion of Norfolk domiciliary confinements shows a small decline but is still 53%.

The County Council is represented on local maternity liaison committees by members of the medical and nursing staffs.

Unmarried Mothers

The Norwich and Ely Diocesan Councils’ moral welfare workers follow up these cases on behalf of the County Council and grants are made for these services equivalent to approximately one-third of the expenditure incurred

by the Diocesan Councils. 157 Norfolk cases (30 more than in 1960) were helped by the moral welfare workers during the year.

45 cases were admitted to mother and baby homes (three more than in 1960) the Council paying the balance of maintenance fees after deducting contributions received from other sources.

Care of Premature Infants

353 premature live births (20 more than in 1960) were notified:—

Born in hospital	...	...	...	...	217
Born and entirely nursed at home	...	...	...	...	112
Born at home and transferred to hospital	...	...	...	...	20
Born and nursed at private nursing homes	...	...	...	...	4
					<hr/>
					353
					<hr/>

308 of these infants survived 28 days.

49 premature still births (12 less than last year) were notified, 34 occurring in hospital and 15 at home.

Three Queen Charlotte type oxygen tents are maintained by the Council at Dereham, King's Lynn and Norwich for use in domiciliary cases if necessary.

Ante-Natal and Post-Natal Arrangements

No ante-natal or post-natal clinics are provided by the Council. Only one case was dealt with during the year through the Council's scheme under the Midwives Act, 1936, ante-natal and post-natal examinations being carried out by the general medical practitioners.

Demand for mothercraft instruction steadily continues and attendances at classes held at 27 centres numbered 7,316, an increase of 616 over the previous year.

Infant Welfare Centres

Three centres were closed during the year owing to low attendances and three new ones were opened. At the end of the year there were 184 centres providing 218 sessions per month. Centres where the average number of children per session exceeds 25 are attended regularly by medical officers, who make periodic visits only to the remainder. More children attended than in the previous year and there was an increase in the total attendances.—

First attendances of children under one year of age 3,926 (3,807)

Number of children who attended and were born in:—

1961	...	...	...	...	3,452	
1960	...	...	...	...	3,419	
1959-56	...	...	...	...	4,923	
					<hr/>	<hr/>
					11,794	(11,055)
					<hr/>	<hr/>
Total attendances	...	...	...	...	57,705	(54,212)
(1960 figures in brackets).						

Centres for Service families were held at 8 R.A.F. stations, one additional centre having been opened during the year. The Council's health visitors attended and the Station Medical Officers were usually present. 493 children made 2,196 attendances.

Welfare Foods and Medicaments

Proprietary brands of welfare foods are available at infant welfare centres at cost price (or free of charge in the necessitous case which occasionally arises), together with approved medicaments issued free of charge when recommended on medical grounds.

National Welfare foods, available at 211 voluntary distribution points, are also supplied at 30 of the infant welfare centres.

Sales of National Dried Milk were maintained at a slightly lower level than in the previous year, but there was a very sharp decline in cod liver oil and orange juice sales following the decision to charge the full economic prices for these products as from 1st June, 1961. Sales of cod liver oil in the last quarter of the year were only 25%, and of orange juice only 30%, of those in the first quarter.

In the autumn, emergency arrangements were made in accordance with a Ministry of Health directive, to ensure that alternative forms of milk were available for infants under one year of age if the contamination of liquid milk as a result of Russian nuclear tests reached danger level. Fortunately, it was not found necessary to put these emergency arrangements into operation.

Dental Treatment

The Chief Dental Officer reports :—

“ This is the last report that I shall make as Chief Dental Officer. It is made with regret for two reasons: first, the parting with many kind and good friends; and, second, the anxiety caused by the ever-increasing lack of professional staff, especially in north-west Norfolk. This situation applies also to the school dental service and is likely to remain until the Dental Profession, Local Government and the appropriate Ministry can come to some practical conclusion on a matter which affects both public welfare and purse.

This is borne out by the fact that with over 6,000 births in this County in 1961 only 296 mothers were referred for treatment under the Council's dental scheme. It is gratifying to know, however, that all priority cases can now be treated free of charge under the National Health Service and a mother should be encouraged to seek regular treatment from her family dentist. In any case, such treatment as may be offered to her by Local Government abruptly terminates when her child attains the age of one year. In view of all this, one is tempted to conclude that the Local Government Dental Service could be more profitably concentrated only on *children* from birth to school-leaving age.

The main reason for lack of professional staff is the attraction of self-employment and definite professional status both in private practice and in the National Health Service. This is largely supported by the report of the General Purposes Committee of the Association of Education Committees of which the following is a quotation: “ It was generally agreed by the associations that most local authorities used the discretion they already had to allow starting pay above the minimum of the scale. There was, however, a professional objection to extra sessions being worked by whole-time officers Part-time officers were often tired when they came to the clinic and they were usually only interested in employment with the local authority until they had built up a satisfactory practice of their own.” (Education, vol. 118, p. 716).

The work of evening sessions can be described as overtime and represents an overspill of normal working hours. Thus expectant and nursing mothers and older children only should be treated at these sessions and not the young

child who should, at any rate, be in bed at this time of evening. The economic advantage of these overtime sessions is by no means certain.

I remember the time (1920) when the Service was in its infancy and treatment was carried out in horse drawn caravans of gipsy type. The dentist was then at liberty to proceed to work on horseback if he wished! These horse caravans developed into motor-trailers and finally into the well-designed fixed clinics which are now in use.

I am tempted to mention several investigations which were not only reported in the County Medical Officer's Annual Report but also in *The Medical Officer*, 1923, 1924 and 1925. They dealt with the *Prevalence and Causation of Jaw Deformities* and *The Effects of Common Ailments in Infancy upon Teeth*. I gratefully acknowledge the help and encouragement given me in this work by the late Dr. J. T. C. Nash, Norfolk's first County Medical Officer.

Another investigation in which Dr. Nash was most encouraging and helpful was commenced in 1925 but, alas, is still unfinished. It deals with the changes in the timing of physical development of a young expectant mother who is herself still a growing child as is evidenced by corresponding changes in the rate and timing of the development of her own teeth during her pregnancy.

I also offer my sincere thanks to Dr. T. Ruddock-West for the most valuable help and many kindnesses which I constantly received from him during his term of office as County Medical Officer, and to Dr. K. F. Alford; his successor, for his kind friendship and wise counsels.

I am greatly indebted to all members of the medical, nursing and clerical staffs of this department. They have been most friendly and helpful to me. And above all, I offer my many professional colleagues, both past and present, my gratitude for their willing co-operation at times when difficulties were indeed superabundant, and my sincere best wishes for a successful and rewarding future."

The following tables show the numbers of cases dealt with and give particulars of the treatment provided :—

(a) Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	296	292	269	214
Children under five	100	86	85	84

(b) Forms of dental treatment provided.

	Scalings and gum treatment	Fill-ings	Silver nitrate treatment	Crowns or inlays	Extrac-tions	General anaes-thetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	66	378	16	1	1398	84	112	87	6
Children under five	—	41	176	—	164	16	—	—	—

Nurseries and Child Minders' Regulation Act, 1948

Visits have been paid by the medical staff to the 7 daily minders caring for a total of 42 children, and to the two premises providing facilities for 54 children, registered with the Council. One of the premises, providing care for 50 children, was in operation during the fruit picking season only.

Family Planning

Clinics organised by local branches of the Family Planning Association at Norwich, King's Lynn and Gt. Yarmouth have continued to provide advice for Norfolk residents. A few Norfolk residents also attend the Cambridge clinic organised by the Cambridge Women's Welfare Association.

Phenylketonuria

Routine urine tests have been carried out by the health visitors on 6,041 infants at three and six weeks of age but no case of phenylketonuria was detected. A positive reaction, however, was found in a child who was three years old at the time of testing and in another child aged six years.

Infant Methaemoglobinaemia

It is now eleven years since the number of cases arising in this county led to the introduction of a policy of examining water supplies from wells and bores used for infant feeding to determine their nitrate content.

As the majority of Norfolk mothers have their babies at home, and in view of the increasing tendency towards artificial feeding, it is most important to ensure that those without a mains supply should have a nitrate-free water available and every endeavour is made to arrange this before the baby is born. District nurses obtain samples of water approximately two months before the expected time of arrival of the infant. This routine practice and the rapid growth of mains supplies in the county has minimized the risk of well water cyanosis in infants. However, there are many isolated properties which rely on shallow wells for their water supply and the nitrate content in some of these supplies is very high indeed and the water is sometimes dangerous for bottle-fed infants. The bulk of the examinations were carried out in the office of the County Public Health Engineer and it was necessary to submit to the Public Analyst only those borderline specimens requiring more detailed examination.

Investigations were made where the existing supplies were considered unsatisfactory for infant feeding and the parents advised to use nearby satisfactory alternative supplies for their infants' needs. Many of these alternative supplies had to be sampled and examined before they could be recommended.

No cases of cyanosed infants were recorded during the year.

The following table shows the work done:—

Number of initial samples submitted by District Nurses and Health Visitors	...	...	...	...	...	475
Number of examinations carried out in County Public Health Engineer's Office	...	...	...	...	...	518
Number of samples sent to Public Analyst for a more detailed examination	...	...	...	...	...	100
Number of supplies classified as satisfactory	...	...	...	...	...	314
Number of supplies classified as unsatisfactory	...	...	...	...	...	161

III. NURSING STAFF

The staff employed at the end of the year, in addition to the superintendent nursing officer, deputy and three assistants, was as follows:—

	Whole-time staff	Part-time staff
Midwifery duties only	11	—
Home nursing duties only	*12	3
Combined duties as midwife and home nurse ...	57	5
Combined duties as midwife, home nurse and health visitor	41	—
Combined duties as midwife, home nurse, health visitor and school nurse	22	—
Combined duties as health visitor and school nurse	24	—
School nursing duties only	2	—
Tuberculosis health visiting duties only ...	2	—
	<hr/> 171	<hr/> 8

* Includes 3 male nurses.

The above figures include 2 whole-time and 8 part-time temporary relief staff who were employed at the end of the year but not 6 nurses on health visitor training courses.

The approved establishment of midwives and home nurses (including those who also undertake health visiting and school nursing duties) was increased during the year from 150 to 160. This was done in order to meet the need for additional staff in some nursing districts and to permit, where possible, the replacement of part-time relief staff, not on the establishment, by permanent whole-time group relief nurses.

The overall picture shows an increase of 9 whole-time staff and a decrease of 2 part-time staff compared with 1960. At the end of the year there were 14 vacancies as follows:—

Midwifery and home nursing duties	7
Midwifery, home nursing and health visiting duties ...	2
Midwifery, home nursing, health visiting and school nursing duties	1
Health visiting and school nursing duties	4
	<hr/> 14

Financial assistance was given to 10 health visitor students who commenced their training during 1961. The Council does not now insist on trainees entering or remaining in the Council's service at the conclusion of training, but 7 of the 8 students who completed their training during the year did so.

Arrangements were made for 1 nurse to take her Queen's Nurse training.

Attendance at the under-mentioned courses was approved:—

Post-certificate courses for supervisors of midwives ...	1
Refresher courses for midwives	25
Refresher courses for district nurses	3
Post-certificate courses for health visitors	2

Two new houses at Hockham and Tilney St. Lawrence, built by the Council for the use of district nurses and midwives, were completed during the year, together with a new house at Heacham, built by the King George V

Jubilee Memorial Fund trustees with some financial help from the County Council. Tenders were accepted during the year for 5 houses at Aylsham, Dereham, King's Lynn (2) and Wymondham, which constituted the building programme for 1960/61, but none of these houses was completed. The building of 5 houses at Blofield, Gayton, Hunstanton, Martham and Rocklands was approved as the revised programme for 1961/62.

The chief need for County Council built houses during the next four or five years will arise from the retirement of staff who have been providing their own accommodation. The demand for furnished accommodation has increased, and 6 houses were furnished during the year at a cost of approximately £360 each.

At the end of the year, whole-time permanent staff were accommodated as follows:—

	No. of Houses	No. of Staff
Houses owned by County Council	... 49	52
Houses hired by County Council	.. 25	27
Accommodation provided by staff	... —	61

IV. MIDWIFERY

Practising Midwives

217 midwives gave notice of intention to practise in the county and 34 ceased to practise, leaving 183 midwives on the register at the end of the year, 3 more than at the end of 1960.

The supervisory nursing staff, acting as non-medical supervisors of midwives, made 433 visits of inspection.

Emergency Medical Aid

There was a further decrease in the number of cases in which medical aid was summoned under the Midwives Act, 1951. The numbers of cases during the past four years have been as follows:—

Domiciliary:	1958	1959	1960	1961
(i) Maternity service cases under Part IV of the Act	... 341	317	300	228
(ii) Midwifery cases — doctor not booked	... 3	10	3	1
	344	327	303	229

Confinements

The slight decline in the number of domiciliary confinements attended by midwives acting either as midwives or maternity nurses, has continued. Comparative figures for domiciliary and institutional confinements for the past three years are as follows:—

Domiciliary confinements—	1959	1960	1961
Midwifery/maternity cases (doctor not present)	1,997	1,939	1,748
Maternity cases (doctor present)	1,347	1,281	1,445
	3,344	3,220	3,193
Institutional confinements—			
Regional Hospital Board establishments	1,133	1,308	1,451
Private establishments	124	101	99
	1,257	1,409	1,550
Grand totals	4,601	4,629	4,743

It should be noted that the above figures relate only to confinements within the area of this local health authority. A small number of these confinements were in respect of mothers normally resident in other areas, whilst a large number of Norfolk mothers, particularly those requiring maternity accommodation, were confined in the areas of adjoining local health authorities. These factors account for the marked difference between the number of births for the county given earlier in this report which are taken from figures supplied by the Registrar General, and the number of confinements as shown above.

Visits made by midwives—			1959	1960	1961
Maternity and midwifery	...	...	67,044	65,428	63,403
Ante- and post-natal	...	...	38,060	40,878	40,695

In addition, 1,328 visits were paid to 144 cases who miscarried and 12,093 visits were made to 2,339 cases confined in institutions and discharged before the tenth day.

Analgesia

All midwives employed by the Council and 9 midwives in private practice were qualified to administer gas and air analgesia. 149 sets of apparatus were available for Council midwives who administered gas and air to 2,903 cases (1,259 maternity and 1,644 midwifery), the same number as the previous year. 9 cases were dealt with by domiciliary midwives in private practice.

Pethidine was administered in 2,064 cases (702 maternity and 1,362 midwifery) attended by the Council's midwives and in 7 cases attended by midwives in private practice.

Resuscitation

128 Sparklet portable infant resuscitators have been provided for the Council's midwives. A number of these have been donated by voluntary nursing associations.

Ophthalmia Neonatorum

3 cases (1 domiciliary and 2 institutional) were notified but there was no impairment of vision apparent in any case.

Puerperal Pyrexia

17 cases (13 domiciliary and 4 institutional) occurred during the year. The necessary facilities for treatment were available in all cases.

V. HEALTH VISITING

24 whole-time health visitors are employed but in addition there are 63 combined district nurse midwife health visitor appointments serving rural areas of the county.

Experience in Norfolk has shown the value of the all purpose nurse in the more sparsely populated areas carrying out general visitation of whole families.

In urbanised areas, however, full-time health visitors are working closely with general practitioners within their districts, supporting the increased emphasis upon preventive medicine by health education and by the introduction and development of mothercraft classes. Furthermore, the health visitor continues to play an important part in the welfare team, actively promoting the welfare of the elderly through old people's clubs and home visitation.

The health visitor also performs useful service in connection with problem families. The Children's Officer, as co-ordinating officer, holds regular case conferences in all areas attended by all field staff concerned. Health visitors are always in attendance and their quietly efficient and persistent influence within these problem households is a major factor in the concerted efforts by the Health, Welfare and Children's Committees collaborating with the housing authorities to prevent the break-up of these families.

Health visiting duties undertaken during the past five years are summarised in the following table :—

Year.		Ante-natal visits	First visits to children under 1 year.	Total visits to children 0—5 years.	Total visits.
1957	...	31,639	6,363	102,578	134,217
1958	...	34,811	6,933	96,084	130,895
1959	...	31,083	6,257	86,513	117,596
1960	..	33,909	6,773	93,018	126,927
1961	...	*1,827	6,980	96,884	98,711

* In previous years the ante-natal visits to expectant mothers by nurses holding combined district nurse midwife health visitor appointments were included in this column. They are now shown only in the midwifery section of this report where the comprehensive ante- and post-natal visits are recorded.

16,969 families were visited during the year.

VI. HOME NURSING

		No. of cases			No. of visits		
		1959	1960	1961	1959	1960	1961
Medical	...	5,698	4,999	4,912	100,991	100,950	103,455
Surgical	...	2,679	2,562	2,353	38,639	37,650	34,982
Tuberculosis	...	41	36	27	2,724	2,547	1,322
Other infectious diseases	...	7	22	13	57	126	281
Maternal complications		78	69	81	806	526	704
Others	...	863	707	*174	6,050	5,055	*2,251
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		9,366	8,395	7,560	149,267	146,854	142,995
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

* Decrease due to change of policy regarding children attending for ophthalmic clinic examination. Advance visits by nurses for the administration of atropine ointment discontinued.

4,086 of the patients were over 65 years of age and accounted for 93,618 of the total visits paid.

938 patients received more than 24 visits each during the year.

VII. VACCINATION AND IMMUNISATION

Vaccination against Smallpox

This scheme has followed the pattern described in previous reports. In general, vaccination is carried out by family doctors although, at the request of parents, a few children are vaccinated at infant welfare centres.

For many years it was considered advisable that children should be vaccinated before 6 months of age but present recommendations are as laid

down in Schedule B of the Symposium on Immunisation in Childhood that vaccination can be carried out at any time during the first five years of life with re-vaccination at about 8 years and thereafter as may be necessary, e.g. after contact with a suspected case, or when going abroad.

In December, cases of smallpox occurred in other parts of the country and gave rise to an increased demand for both primary and re-vaccination, particularly from persons wishing to visit areas where cases had been reported.

Comparative figures for the last 3 years are given below :—

Year	Primary Vaccination					Re-vaccination
	Under 1 year	1-4 years	5-14 years	15 years & over	Total	
1959	... 2,861	264	99	234	3,458	559
1960	... 2,689	405	125	262	3,481	742
1961	... 2,908	503	184	310	3,905	790

Approximately 50% of children in the county were vaccinated before their first birthday but, with the increased risk of cases of smallpox occurring in this country, a higher percentage is desirable. It is interesting to note, however, that in 1949, the first full year for which figures are available following the repeal of the Vaccination Acts only, 19% of infants were vaccinated.

Immunisation against Diphtheria

As a result of the efforts of all concerned, it has again been possible to raise the diphtheria immunity index of the child population, i.e. the percentage of children under 15 years of age who have received either primary or booster inoculations during the past five years. The immunity index at 31st December, 1961 as calculated by the Ministry of Health was 56% compared with 49% at the end of the previous year.

Single, combined and triple antigens are supplied by the County Council. Immunisation of young children is carried out by the general practitioner or by the medical officer of the infant welfare centre, in accordance with the wishes of the parents. Primary and booster injections for children at school are usually dealt with by the Council's medical staff.

Comparative figures of children immunised during the past three years are given below:—

Year	Primary				Re-inforcing Injections		
	Under 1 year	1-4 years	5-14 years	Total	1-4 years	5-14 years	Total
1959	... 2,518	1,522	696	4,736	161	2,865	3,026
1960	... 3,393	1,576	2,227	7,196	352	9,230	9,582
1961	... *1,522	4,063	2,400	7,985	744	8,257	9,001

* The Ministry of Health has amended form of return from 1st January, 1961, and the figure shown in the first column relates to children born in 1961 only whereas previously the figure was the total immunised before their first birthday. This accounts for the increase in the second column.

Immunisation against Whooping Cough

Protection against this disease is usually provided through the medium of the triple antigen which also gives protection against diphtheria and tetanus. A separate whooping cough antigen and one combined with diphtheria is also available for special cases.

5,376 children under 5 years of age and 452 over that age were given primary immunisation during the year, a total increase of 666 compared with the previous year.

Immunisation against Tetanus

Three cases occurred in the county during the year with two deaths.

Adults can obtain immunisation on application to their family doctors. The primary course consists of three spaced injections followed by a booster dose every five years. Children protected by triple antigen are given booster injections of the diphtheria/tetanus combined antigen during school life and of tetanus toxoid in adult life.

Tetanus is a disease which, though comparatively rare, is liable to occur in a person of any age, but the immunisation of children is progressively building up community protection and, by the end of 1961, 45.7% of all children under 15 years of age were fully protected, having had courses of injections within the past three years. There has also been a steady demand by adults for protection and it is estimated that at least 25% of the population of the county has full or partial protection from the disease.

Comparative figures for the three years that tetanus immunisation has been included in the Council's scheme are:—

Year		Primary 0-15	Immunisation 16 and over	Booster Injections	Total
1959	...	6,068	1,317	427	7,812
1960	...	15,852	5,436	1,345	22,633
1961	...	18,324	3,792	1,800	23,916
		<hr/> 40,244	<hr/> 10,545	<hr/> 3,572	<hr/> 54,361

Vaccination against Poliomyelitis

In April, 1961 the Ministry of Health extended the scheme to include a fourth injection for school children from 5 and up to 12 years of age. Local health authorities were requested to arrange for the injections to be given before the summer season. This involved the Council's medical staff in the administration of an additional 26,000 injections in less than three months.

In the early part of the year there was an outbreak of poliomyelitis in Ipswich and this created an increased demand for vaccination against poliomyelitis in this county, mainly from young persons and adults, but later in the year a shortage of vaccine imposed restrictions.

Figures relating to persons who had completed the full course of three injections at 31st December, 1961, are as follows:—

Born in	Age Group	Number	Estimated Population	Percentage protected
1956-61	0-5	17,898	34,000	52.6
1943-55	6-18	57,049	68,000	84.0
1933-42	19-28	20,984	50,000	42.0
Before 1933 but not over 40	29-40	9,841	55,000	18.0

VIII. AMBULANCE SERVICE

Ambulances

There has been no change in the arrangements for this service. For the fifth successive year there has been an increase in the number of patients conveyed and in the mileage, but the average miles per case dropped from 22.2 in 1960 to 22.0 slightly offsetting the rising cost of the service.

Comparable figures for the past five years are:—

				Patients	Mileage
1957	...	...	...	11,769	282,158
1958	...	...	...	12,397	287,888
1959	...	...	...	13,560	310,658
1960	...	...	...	14,345	319,364
1961	...	...	...	15,549	342,568

Reciprocal arrangements with neighbouring authorities enable returning vehicles to convey patients discharged from hospitals, thereby ensuring savings in mileage and costs.

Car Service

In the 1960 report reference was made to revised arrangements for the centralised control of car service journeys which had been in operation for the last three months of that year. The effect of the revised arrangements was illustrated by the fact that over the first nine months of 1960 the average number of miles per case was 24 and for the last three months only 20.3. This satisfactory result has been confirmed by the operation of the scheme during 1961 when the average number of miles per case was 20.4. The value of the saving is emphasised by a comparison of the 1957 figures with those for 1961. In the latter year 25% more patients were carried with a mileage increase of only 2.4%. To enable this more economical service to operate efficiently, the full co-operation of general practitioners and hospitals is essential and this has been readily forthcoming. 48 hours notice is necessary to ensure full co-ordination of journeys.

Figures for the past five years are:—

				Patients	Mileage
1957	...	...	...	46,367	1,153,998
1958	...	...	...	50,110	1,248,963
1959	...	...	...	52,219	1,309,762
1960	...	...	...	54,891	1,269,120
1961	...	...	...	57,942	1,182,545

IX. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The scheme for the B.C.G. vaccination of school children has continued unchanged. 4,527 were skin tested and 3,499 of the 3,598 children found to be negative had been vaccinated by the end of the year.

For the first time in several years there was an increase in the number of new cases of pulmonary tuberculosis notified and this is commented on by the chest physicians in their report on page 23.

Year		No. of pulmonary cases	Case-rate per 1000 population	No. of non- pulmonary cases	Case-rate per 1000 population
1957	...	133	0.35	22	0.057
1958	...	112	0.29	33	0.085
1959	...	104	0.27	12	0.031
1960	...	94	0.24	29	0.074
1961	...	123	0.31	17	0.044

Mortality figures for the same period are:—

Year	No. of pulmonary cases	Death-rate per 1000 population	No. of non- pulmonary cases	Death-rate per 1000 population
1957 ...	16	0.04	11	0.029
1958 ...	23	0.06	4	0.010
1959 ...	18	0.05	5	0.013
1960 ...	11	0.03	1	0.003
1961 ...	17	0.04	—	—

The numbers of cases on the after-care register at the end of the year were :—

	Male	Female	Total
Pulmonary ...	684	541	1,225
Non-pulmonary ...	59	59	118
	<hr/> 743	<hr/> 600	<hr/> 1,343

35 cases were supplied with milk, free of charge, on the recommendation of the chest physicians. The number of cases assisted under this scheme has declined steadily during the years.

One case was being rehabilitated at Papworth, the Council paying the fees.

The British Red Cross Society's library service is available for the small number of housebound tuberculous patients who require it. Two cases were provided with clothing through W.V.S. clothing depots and the Friends of Kelling provided amenities for patients which were not available through official sources. This voluntary organisation also provided financial assistance jointly with the County Council to enable three families to have holidays.

A further 7 shelters, surplus to requirements, were disposed of, reducing the number available to 27, of which 15 were in use at the end of the year.

381 teaching, canteen and other staff in close contact with children had chest X-ray examinations during the year.

Reports of Chest Physicians

Drs. G. F. Barran and A. H. C. Couch, Chest Physicians, report as follows:—

“The greatly improved outlook for the tuberculous subject as noted in previous Annual Reports, is maintained and is exemplified by the mortality figures for the past five years. Moreover, the majority of the deaths are in elderly subjects or in those who, in addition, suffer from an associated disease, often the major cause of the death. Prolongation of life is not the only indication of success and the fact that treatment is now much less prolonged is an additional encouraging factor for it is recognised that for the majority, long periods of sanatorium treatment are no longer necessary and that in fact many patients can be treated at home and often at work with either no institutional treatment or only a relatively short period of initial observation and care, whereby the principles of successful treatment can be taught and a satisfactory drug regime to suit the individual ascertained. The chief concern remains the danger of the development of drug resistant organisms but the fear that this might be a serious problem in this country has fortunately so far not been realised.

The notification rate has in the past been regarded as an indication of morbidity but particularly when dealing with small numbers it can be misleading. The figures for 1961 show some increase on the previous three years but are influenced by the localised outbreak at Little Plumstead which is reported below. A more accurate yardstick of incidence will probably result from the greater use of the tuberculin test with a study of the tuberculin index at a given age. Tuberculin testing on a voluntary basis is now routine throughout the schools in the county as a preliminary to advising on the necessity or otherwise of B.C.G. vaccination. This simple skin test indicates the proportion of children infected and expressed as a percentage constitutes the tuberculin index. It does not of necessity indicate tuberculous disease as the resistance of the great majority is sufficient to overcome the invading organism, but it does indicate the degree of opportunity for invasion and is thus a useful measure of the prevalence of infectious cases in the community. In considering the index, there are two major factors to be borne in mind; one is the existence until recent years of the danger of bovine infection which will tend to keep the figure high, the second is the fact that at present the acceptance rate for children under the B.C.G. scheme is only 65% and it is important that a greater effort should be made to bring home to parents the wisdom of accepting what is an entirely safe procedure. With an understanding of its limitations, it is of interest to record the tuberculin indices for children aged 13+ at schools in the county gained from school examinations for the past three years, namely—1959 14.9%, 1960 16.3%, 1961 16.1%. In 1961, 4,740 children were eligible of which 3,743 accepted, a rate of 64.8%. Too much must not be read into the figures for individual schools as the numbers are too small and there is correspondingly considerable fluctuation from year to year as will be seen from the figures from four schools in King's Lynn which are available for the past eight years. They do, none-the-less, indicate a very satisfactory progressive fall in the index.

	1954	1955	1956	1957	1958	1959	1960	1961
King Edward								
VII ...	53.0%	45.0%	26.5%	38.0%	29.0%	13.5%	12.9%	20.0%
Girls' High	54.9%	45.0%	24.0%	24.0%	10.3%	7.3%	15.6%	10.2%
Gaywood Park								
Girls' ...	53.0%	49.0%	30.0%	29.0%	21.7%	15.4%	14.0%	13.4%
Gaywood Park								
Boys' ...	60.0%	55.0%	25.8%	32.0%	36.4%	14.8%	18.3%	4.2%

It is intended to report each year on the tuberculin index in the county and thus give an indication of the risk of infection.

There have been no major developments in the treatment of the disease during the year nor in the methods of prevention and early diagnosis but it is gratifying to record the continuance of the very happy liaison between the County Medical Officer of Health and his Department on the one hand, and the Chest Physicians on the other.

The figures of tuberculous infections have been severely affected by two separate outbreaks of Pulmonary Tuberculosis in Little Plumstead Hospital. One of these occurred in a male villa and another in a female villa. There had been previous tuberculous infection in both villas but all had been well for some years with no fresh tuberculin conversions or tuberculous disease.

The outbreak in the male villa came to light when one of the patients was found to be ill with a pyrexia and on investigation he was found to be suffering from a recent infection with Pulmonary Tuberculosis. An immediate search was made among the other patients of that villa and the source was found in a patient in apparent good health who had had a clear

chest x-ray only about five months previously. He was known to have been a tuberculin positive and obviously had a rapid breakdown of his old infection. A number of tuberculin conversions were found in that villa and all these patients were treated with anti-tuberculous drugs and accordingly notified.

In the female villa the outbreak came to light with a sudden appearance of several cases of erythema nodosum with tuberculin conversion. Here again the source was found to be a patient who had had a clear chest x-ray only a few months before. She also was known to be a tuberculin positive. A number of primary tuberculous infections were discovered in that villa and were all treated with anti-tuberculous drugs. Fortunately, all the patients are making good progress and there have been no further infectious cases although a few patients with early tuberculous disease were found in these villas in subsequent follow-up.

It is hoped that the position will be considerably improved in the future as the rebuilding at Little Plumstead will enable more isolation facilities to be provided and it is hoped that a better x-ray set will be installed so that all positive reactors to tuberculosis can have a routine regular chest x-ray."

Health Education

Unlike most subjects referred to in the annual report, it is impossible to quote figures or give comparisons where health education is concerned, and it is not possible to measure the effectiveness of the methods utilised. Medical, nursing and welfare staffs in the course of their normal duties are constantly advocating healthy living and advice on general health matters is usually readily accepted by mothers so far as their children are concerned. It is, however, a much more difficult matter to make any impression on adults, especially where preconceived notions are strongly held or where advice runs counter to custom and pleasure. Progress has frequently to wait on events and circumstances and then the response is apt to be overwhelming and of short duration.

Much the most impressionable age groups are children in their school years and healthy ideas and ideals inculcated at that time may last a lifetime.

Of the methods available, the personal approach is by far the most valuable and the television screen and the sound film form most useful media for putting things across, especially in the case of the school child. The poster and the leaflet, on the other hand, make little impact on the public in general.

Perhaps the most important factor of all is the force of example. How many adults stop to think how their behaviour may influence the young and how exceptionally important is this in the case of parents. In this county, the personal approach method is pursued through health visitor lectures in schools, talks to parent/teacher associations, mothercraft classes, old people's clubs and through talks arranged in conjunction with the voluntary organisations.

Efforts are being made locally to follow through any nationally inspired projects related to specific aspects of health education.

Accidents in the Home

By kind invitation of the Chief Fire Officer for Norfolk, during the National Fire Prevention Week, display stands dealing with the prevention and first-aid treatment of burns and scalds were arranged and included in fire service displays and demonstrations.

Health visiting staff place particular emphasis upon the need for care in the home to prevent accidents and talks are given at infant welfare centres, old people's clubs and to parent/teacher associations. Nevertheless, despite all these efforts, information from the Jenny Lind Hospital, Norwich, reveals that there are far too many avoidable accidents occurring among children and also that many parents do not take adequate precautions to keep drugs, knives and other dangerous articles out of reach.

The Jenny Lind and Norfolk and Norwich hospitals have kindly provided the following statistics concerning home accidents:—

	Jenny Lind			Norfolk and Norwich		
	1959	1960	1961	1959	1960	1961
Injuries to limbs and body ...	141	178	201	111	223	138
Cuts ...	175	180	186	35	19	39
Burns and scalds ...	125	118	122	6	4	15
Poisoning ...	47	52	60	—	—	—
Foreign Bodies ...	60	61	77	—	—	—
Miscellaneous ...	9	19	11	—	—	—
	557	608	657	152	246	192

Venereal Disease

Members of the Council's staff followed up a number of contacts of American servicemen suffering from venereal disease, referred by the medical officers, with a view to tracing sources of infection. No requests were received for follow-up from other sources.

Returns from the Norwich and King's Lynn treatment centres show that 364 new Norfolk cases attended during the year (1960 figures in brackets):—

Syphilis ...	12	(10)
Gonorrhoea ...	88	(63)
Other conditions ...	264	(242)
	364	(315)

Dr. H. L. Rogerson, Venereologist at the Norfolk and Norwich Hospital, reporting on cases attending that centre, which include those from the eastern half of the administrative county, states:—

“There was not such a great change in the incidence of venereal disease as the propaganda in the National Press and broadcasting might lead one to believe.

There was a decrease in early infectious syphilis, and also in its late forms. There was a 25% increase in gonorrhoea in both sexes. Towards the end of the year, drug resistance was encountered in some cases. There were a few cases of babies' eyes being affected at birth with gonorrhoea, and should these infections in future show resistance to the drugs used in the treatment, I foresee a situation where damage to sight could occur. This disease, known as gonococcal conjunctivitis has been much more common in recent years, and most, if not all, of these cases could be prevented by the instillation at birth of drops of silver salt such as Protargol or Argyrol, which used to be standard practice before the war. I certainly recommend that consideration be given to this prophylaxis in view of drug resistance.

It is still recommended that all pregnant women, who have been treated for acquired syphilis in the past, should have a course of treatment during subsequent pregnancies.”

Provision of Nursing Equipment

The agency arrangements with the Norfolk Branches of the British Red Cross Society and the St. John Ambulance Brigade for the provision of nursing equipment on loan have been continued. 136 depots throughout the county hold stocks of the smaller items of nursing equipment while major items such as wheelchairs are held at a central depot for issue wherever required.

Recuperative Convalescence

Three cases were provided with periods of recuperative convalescence at voluntary homes during the year.

Chiropody

The report for 1959 contained the approved proposals for the provision of chiropody services and in the 1960 report arrangements for the elderly, through old people's clubs, were described.

Very few other cases have been dealt with under the Council's scheme and it is increasingly evident that a large number of physically handicapped and some elderly people are in need of chiropody, sessional or domiciliary treatment being not readily available to them. Accordingly, doctors, nurses, welfare staff and voluntary organisations are being invited to help in a survey of the position so that the Health Committee may consider what steps are necessary to meet present needs.

X. HOME HELP SERVICE

There was an increase of 101 cases assisted during the year compared with 1960.

Cases assisted during the past three years were as follows:—

	1959	1960	1961
Maternity	90	92	64
Children without mother ...	11	14	12
Post-operative	17	12	16
Sick and old age	940	923	1,041
Blind	53	46	59
Tuberculosis	10	8	4
	1,121	1,095	1,196

The proportion of the service devoted to the care of the aged sick, infirm and blind rose to 96.4% and the average hours per case per week were 7.6 as compared with 8.2 in 1960. It is impossible to estimate how many of the cases assisted would have required beds in homes and hostels if this service had not been available but there is no doubt that many have been enabled to continue to live in their own homes, which they much prefer, at much less expense to the community.

The 10s. per week minimum charge continued and the National Assistance Board paid special attendance allowances to eligible householders to enable them to meet it. The minimum charge, however, has been under consideration at national level and, in accordance with the recommendation of the County Councils Association, the County Council has agreed that the minimum charge shall be reduced to 5s. per week as from the 1st April, 1962.

Home helps employed at the end of the last three years were as follows:—

				1959	1960	1961
Whole-time	...	...	...	1	1	1
Part-time	...	...	...	7	5	5
Occasional	...	...	...	434	480	500
				<hr/> 442	<hr/> 486	<hr/> 506

In addition to the home helps actually employed, there is a list of “reserve” home helps to meet any new cases as they arise.

In conjunction with the Education Committee a further three-day training course for home helps was arranged. As the need arises, these trained home helps are employed to assist problem families, where training, guidance and advice are required.

The day-to-day working of the scheme is carried out at the local health offices, special cases being referred for investigation by the home help organiser or her assistant at King’s Lynn. These officers also supervise the home helps, attend all problem family conferences and assist with the special arrangements required.

Many home helps pay voluntary evening visits to the persons they assist, to prepare a hot drink and to ensure that they are comfortable for the night. This is, however, not always possible and a number of cases who would benefit by evening visitation have been referred to the British Red Cross Society, the St. John Ambulance Brigade, W.V.S. and the Norfolk Federation of Women’s Institutes who have kindly arranged for voluntary visitation by their members.

The table on page 29 shows the number of cases and the duration of assistance provided during 1961.

TABLE 3.

HOME HELP SERVICE.

SUMMARY OF THE DURATION OF CASES ASSISTED DURING THE PERIOD 1ST JANUARY TO 31ST DECEMBER, 1961

Type of case.	Cases assisted up to															Hours of service provided.	Percentage of total service.	Total cases assisted.
	Weeks.					Months.												
	1	2	3	4	5	6	7	8	9	10	11	12						
Maternity ...	9	40	13	2	—	—	—	—	—	—	—	—	—	—	—	2630	.91	64
Children without mother ...	—	1	1	1	5	—	—	—	—	—	—	—	1	—	2	2523	.86	12
Post-operative ...	—	—	3	—	2	3	—	—	2	—	—	—	1	2	2	2995	1.03	16
Sick and Old Age ...	41	30	27	28	70	61	59	48	50	22	40	42	57	88	378	263595	90.68	1041
Blind ...	3	—	—	4	1	3	2	4	4	4	3	4	2	3	22	16748	5.76	59
Tuberculosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2217	.76	4
Totals ...	53	71	44	35	78	67	61	53	56	26	43	47	61	93	408	290708	100.00	1196

XI. MENTAL HEALTH SERVICE

Introduction

For a number of years, this section of the report has opened with information about some major new development in the mental health service. Matters reviewed have included the Report of the Royal Commission, the Mental Health Bill, the Mental Health Act and the scheme under the Act. By comparison, 1961 was a quiet year, the outstanding event being the opening of the Holt Junior Training Centre. This saw the completion of the Council's policy, decided more than 10 years ago, to give first priority to the provision of training centres for children. From the experience we have had during the year regarding negotiation for sites and planning difficulties, it is quite obvious that new developments under the 1959 Act will take an equally long time to achieve. In this report it is, in fact, not possible to record the implementation of any part of the Council's proposals but, in accordance with the suggestion of the Ministry of Health, details are given of various developments which will eventually show that progress has been made, although this cannot at present be translated into very real terms.

Under the heading of "Training of Staff", the important new development of professional training for mental health and other social workers is referred to and it is gratifying that, after years of delay pending the report of the Younghusband Committee, courses are at last becoming available for the training of existing staff and new entrants. The first step to this end was the appointment of two welfare assistants who will be given leave with pay whilst attending an appropriate two-year training course.

Mental Health Act, 1959

Progress under the Local Health Authority's Proposals

(i) Registration of Residential Homes

In accordance with the Regulations made under the Act, three applications were received for the registration of private homes for the accommodation of mentally disordered persons. These were visited by the Deputy County Medical Officer and the Superintendent Welfare Officer and were registered as follows:—

- (a) The Rookery, New Buckenham, as a residential home for the accommodation of severely subnormal of both sexes in the age range 0 to 10 inclusive, with a maximum capacity of 18.
- (b) The Towers, Downham Market, as a residential home for the accommodation of severely subnormal, male only, in the age range 14+, with a maximum capacity of 14.
- (c) 31, Norwich Road, Thetford, as a residential home for the accommodation of the severely subnormal (cot cases only) of both sexes, age range 0 to 12 inclusive, with a maximum capacity of three.

(ii) Review of cases formerly under statutory and voluntary supervision

The mental welfare officers were asked to review every case formerly under supervision and to submit recommendations as to whether the person's name should be retained on the mentally handicapped register and supportive visits paid. These reports and recommendations were all considered individually and the following figures may be of interest:—

Cases formerly under statutory supervision	...	678
Cases formerly under voluntary supervision	...	343
	Total	1,021

Result of Review

Removed from any form of supervision	...	248
Remaining subject to welfare visits and name placed on mentally handicapped register	...	773
	Total	1,021

(iii) **Residential Accommodation**

(a) **Hostel for Subnormal Males**

Steps were taken throughout the year to obtain a site for this first hostel and two were selected. Their purchase, however, could not be proceeded with, in one instance because of planning objections based on the fact that the site was close to a new school and in the other because of Ministry of Transport objections to siting it close to a major road. At the end of the year, negotiations were in progress for the purchase of a site from the Smallholdings Committee which, although not considered quite as suitable as the other two, will meet the policy of providing this hostel in the King's Lynn area, located so as to form part of an existing community.

(b) **Hostel for Elderly Mentally Infirm**

In consultation with the Welfare Committee, it was decided that the first of the two hostels of this type should be provided in the eastern half of the county. At the end of the year, planning enquiry was proceeding in relation to a site at Wymondham which was considered to be suitable.

(iv) **Adult Training Centre, King's Lynn**

It has been decided that this centre should be provided as part of a new comprehensive training centre to be built as soon as possible in West Norfolk. Great difficulty was experienced in finding a site at King's Lynn and the land eventually chosen had to be the subject of a special planning enquiry as it was not originally scheduled for development. At the enquiry, held in King's Lynn in November, 1961, no objection was raised to the use of the site and at the end of the year the Ministry of Housing and Local Government issued approval to the development. The next stage—the purchase of the site—was then put in hand and it is hoped that building will commence in 1962.

(v) **Training of Staff**

Nearly all the existing mental welfare officers are recognised as qualified, either by examination or by experience, but all were advised of the training courses likely to become available and most officers welcomed the idea of short courses whilst two younger officers asked to be considered for the two-year courses. As mentioned in the introduction, authority was also given for the appointment of two welfare assistants. These appointments follow the recommendation of the Younghusband Committee and it was decided that they should be young, well-educated and with a desire to make social work their career. Authority has been given for them to attend a two-year Social Work Course, the Council paying full salary whilst they are on the course. Immediately following appointment, the assistants were given in-service training lasting some four months before they were asked to undertake any routine social work. During this in-service training the assistants spent three weeks (two resident) in mental hospitals, saw all types of county accommodation, visited with the appropriate officers and discussed various services such as probation, home help, blind welfare, national assistance, hospital almoners, health visitors, children's, residential accommodation, etc. They were also able to see the work of the voluntary bodies including the B.R.C.S., the W.V.S., the societies for the welfare of the mentally handicapped, the physically handicapped, the deaf and dumb and old people, etc. Three weeks were then spent with local welfare officers and finally the whole course was reviewed with the headquarters' staff. Our thanks are due to all the organisations who co-operated in this training period. It is now hoped that the welfare assistants will be successful in obtaining places on one of the training courses commencing in September, 1962.

Various meetings for the local welfare officers and mental health staff were arranged in co-operation with the staffs of the mental hospitals to review the new Act. A further meeting of a rather unusual nature was a discussional conference, in which social workers of the hospitals and local authorities took part, dealing with co-operation between the two services. This meeting was arranged locally following a similar national meeting held at Hoddesdon the previous year and attended by the Superintendent Welfare Officer. Both he and his Deputy also attended the three weeks' course for senior staff, organised by the National Association for Mental Health.

On the training centre side, Miss Foulger, the assistant supervisor of the Attleborough Centre, was granted leave to attend the one-year course for teachers of the mentally handicapped, also organised by the National Association, and Miss Barnes, the assistant supervisor at the Sprowston Centre, attended a refresher course organised by the Staffordshire County Council.

Community Care for the Mentally Disordered

The mental hospitals continued to refer cases for community care, either on discharge from hospital or following attendance at outpatient clinics, and the statistical portion of the report will show the very considerable amount of work of this description which is undertaken. The supportive case work required often involves spending many hours on one case where patient listening and understanding can be such a great help. Advice is also given in such varied matters as obtaining employment, settling financial affairs, particularly in regard to hire purchase, arranging accommodation in private homes and helping relatives to understand and help patients.

During the year, the mental health service was prominently featured in a "Help the Handicapped" exhibition and many enquiries were received from members of the public visiting the exhibition.

Although the Council has not so far been able to establish any residential accommodation of its own specifically for the mentally disordered, use has been made of Winston House Hostel, Cambridge, and one case has also been admitted for training to St. Michael's House, Ditchingham.

Adult Clinics

With the co-operation of Dr. J. V. Morris, Little Plumstead Hospital, adult clinics for mentally subnormal persons were continued at the Aspland Road Local Health Office and during the year some 18 sessions were held and 53 cases seen. These clinics enable the authority to obtain the advice and assistance of consultant psychiatrists and psychologists in problem cases and they have proved most helpful in community care.

General Report

Junior Training Centres for the Mentally Subnormal

With the opening of the Holt Centre, the needs of children in North Norfolk were met and, with the use of very extensive transport routes, the county is almost completely covered—in fact, it is estimated that over 93% of children suitable for training centres are now in attendance. The supervisor of the Holt Centre (Miss G. M. Field) made an excellent start with a new group of children and considerable progress was shown in the first six months.

The centres at Attleborough, Sprowston and King's Lynn continued to operate very successfully and the staff showed a great devotion to their work and undertook many outside activities for the children's benefit.

During the year a Parent-Teachers' Association was formed in West Norfolk and members of the staff of the King's Lynn Centre serve on the Committee. This Association has given considerable support and at Christmas time provided entertainment and refreshments for the Christmas Party. Through its efforts, the King's Lynn Round Table also became interested and presented a new tape recorder for use in the training of the children. At the Attleborough and Sprowston Centres, sandpits were provided from money raised by the staff and parents.

Dental Inspection

With the approval of the Education Committee, it was possible during the year to arrange for the school dental officers to undertake regular dental examinations at the junior training centres. With the introduction of this service, the facilities provided at the centres are equivalent to those available at ordinary schools and the parents of mentally handicapped children in the county are reassured by this knowledge when it is necessary for them to face the fact that their child will not be able to attend a normal school.

Adult Training Centres

(a) Norwich

The Council have continued to arrange for adult males to attend the Norwich Centre and have been very impressed with the work which is undertaken, most of which is of an industrial nature. The number attending from Norfolk increased from 8 to 15, and one of the interesting aspects of this work is the way in which subnormal persons have shown themselves able to travel long distances each day by public transport to and from Norwich. Four of the persons concerned travel distances of up to 80 miles each day and no trouble of any kind has been experienced and very little time has been lost.

(b) Great Yarmouth

During the year, the Great Yarmouth Authority introduced more adult work at their junior training centre and, as a result, it was decided that suitable persons over the age of 18 attending the centre from Norfolk should continue in attendance and, because of the absence of suitable public transport, should continue to be conveyed by the Council's transport.

(c) Women's Centre—Norwich

The Norfolk and Norwich Society for Mentally Handicapped Children opened an adult centre at St. Swithin's Hall, Norwich, on 6th February, 1961 with six in attendance. Three of these were from the county and during the year the question of further attendances was reviewed. In the light of our experience of men travelling long distances satisfactorily on public transport, it was decided that suitable girls should be given similar opportunities and, at the end of the year, a further three cases were attending, two of whom were travelling some 80 miles daily and no difficulties had arisen.

The work of the centre includes the making of pillow cases, the folding of paper hats for crackers, embroidery, etc. Small incentive payments are made to the girls according to production and they have shown themselves very capable in their work. These adult centres are showing how much can be undertaken by subnormal persons, given proper facilities, understanding supervision and the right pace at which to work.

Transport

18 routes are now being operated in the conveyance of Norfolk children to training centres and the mileage travelled in the year totalled 355,000.

Because of the growing nature of this work and the increased rates paid to contractors, it was decided to experiment in 1962 with running one Council-owned vehicle at the Sprowston Centre to study costs and administrative problems.

Psychiatric Social Clubs

The two clubs at Norwich and King's Lynn held regular meetings during the year, but the Norwich club in particular had a very difficult time owing to the illness of a number of members. At one stage it seemed doubtful whether the club could continue, but the mental health worker, with great tenacity, continued to organise various activities and by visitation both at home and in hospital encouraged the members in their attendance, so that, at the end of the year, the club was again functioning quite well.

Adult Social Clubs for the Subnormal and Home Teaching

Because of the illness of one of the home teachers, it was not possible to carry out a full service during the year but the remaining two home teachers managed to carry out a restricted programme throughout the county. During the year, Miss F. S. Hurn, who had undertaken excellent work as a home teacher since 1952, had to be relieved of this work owing to ill-health and Mrs. N. Snutch, who had been a home teacher since 1st October, 1958, was appointed as supervisor of the Holt Junior Training Centre. In consequence, two new home teachers were appointed and, by the end of the year, the establishment of three was complete.

It has been interesting to see how well subnormal persons who have previously received home teaching respond to social clubs. These give them new interests as well as opportunities which they seldom otherwise have of doing things with other people. These clubs have, in the past, only been held on a fortnightly basis but, owing to their success, the Committee has authorised the provision of more hired transport which, by the combination of certain clubs, will make it possible to provide weekly sessions during 1962.

Holidays for the Subnormal

Following the successful holiday in 1960 at The Pleasaunce, Overstrand, it was decided to hold two holidays during the year, one at The Pleasaunce and the other at the Marine View Hotel, Great Yarmouth. 39 subnormal persons attended the Pleasaunce holiday at the end of September and 23 the Great Yarmouth holiday at the beginning of October. Both were fortunately blessed with extremely good weather and those attending were able to go on the beach each day and some were even able to bathe. The parents have expressed great appreciation of these arrangements which have been of considerable benefit to the subnormal persons who, in many cases, have not been able to have any real holiday since they were children. Another advantage has been that some parents have been able to go on holiday themselves during the period. It is interesting to record that before one year's holiday is over the participants are asking about next year, and many of them commence saving immediately so that they are able to pay the fee in good time and ensure their place. Tribute must be paid to the home teachers and helpers who spend so much of their own time on these holidays and whose untiring enthusiasm and hard work ensure their success.

Guardianship

The review required by the Act was completed early in the year and, of the 8 cases under guardianship before the Act came into operation, 3 were discharged and 5 were retained. No new cases were placed under

guardianship and, until residential accommodation is available, it would appear that guardianship is not likely to be of any particular value, except in a few special cases, as in all others welfare visits should suffice.

Waiting List for Hospitals for the Mentally Subnormal

This has shown a slight increase over the previous year and the shortage of accommodation for low-grade cases has continued to occasion great concern. In some instances, the break-up of the family is threatened by the presence of a severely subnormal child in the household and in others the health of the family, and particularly the mother, is endangered. Until sufficient hospital and other residential accommodation is available, the work of the mental welfare officers is made extremely difficult and the local authority is placed in the position of maintaining a waiting list in order of priority. In practice this is of little use as vacancies are seldom granted for cases on the list and admissions during the year have nearly always been the result of Court action or to meet an acute family crisis such as the death of the mother. Temporary accommodation has been arranged, wherever possible, to relieve parents but here again difficulties arise because the Regional Hospital Board cannot offer many places in hospitals and the number of places in private homes is very limited. Home attendants are provided where necessary (without charge) in order to give the family some relief and to enable the mother to go out shopping, etc. Provision of this sort is, however, of a temporary, palliative nature and does not meet the over-all need for accommodation of a permanent nature to be provided at the earliest possible date.

MENTAL HEALTH STATISTICS AT 31st DECEMBER, 1961

(For the purpose of comparison, the figures at 31st December, 1960, are shown in brackets, where applicable and available.)

1. Number of admissions dealt with by Mental Welfare Officers

(a) Mentally Ill

		St. Andrew's	Hellesdon	Other Hospitals	Total
Section 25	...	28	8	2	38
Section 26	...	12	5	—	17
Section 29	...	55	80	1	136
Section 60	...	—	—	—	—
Informal	...	176	85	12	273
TOTAL		271	178	15	464

(b) Subnormal

		Little Plumstead	Other Hospitals	Total	
Section 26	...	1 (3)	— (—)	1 (3)	
Section 60	...	6 (7)	— (—)	6 (7)	
Informal	...	14 (25)	3 (6)	17 (31)	
		21 (35)	3 (6)	24 (41)	24

GRAND TOTAL ... 488

2. Number of patients already in hospital dealt with under
Section 26 61
3. Number of social history reports prepared in respect of
patients admitted to hospitals for the mentally ill ... 230 (226)

4. Number of subnormal persons admitted for temporary care
Regional Hospital Board establishments

	Male	Female	Total
(i) For one day	3 (9)	4 (10)	7 (19)
(ii) For longer periods	17 (10)	9 (13)	26 (23)
Private Homes	11 (10)	1 (3)	12 (13)
TOTAL	31 (29)	14 (26)	45 (55)

5. Community Care

(a) *Mentally Ill*

(i) Number of cases at 1.1.61	230
(ii) Number of new cases referred	169
(iii) Number of cases closed during year	127
(iv) Number of current cases at 31.12.61	272
(v) Number of visits made during year:	
(1) to patients	1,589
(2) associated visits	540
(iv) Number attending Psychiatric Social Clubs (2)	23

(b) *Mentally Subnormal*

(i) *Number on mentally handicapped register (subnormal and severely subnormal)*

	Male	Female	Total
Cases receiving welfare visits	465 (597)	392 (451)	857 (1048)
Guardianship cases	1 (1)	4 (5)	5 (6)
TOTAL	466 (598)	396 (456)	862 (1054)

(ii) *Receiving Training*

	Male	Female	Total
At Junior Training Centres (5)	80 (65)	68 (56)	148 (121)
At Adult Training Centres (2)	15 (8)	6 (—)	21 (8)
Under Home Teachers (3)			
At home	16 (22)	26 (51)	42 (73)
At Day Centres and Social Clubs (14)	47 (38)	64 (44)	111 (82)
	158 (133)	164 (151)	322 (284)

(iii) Awaiting admission to Junior Training Centres	7 (14)	4 (16)	11 (30)
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(iv) Considered suitable for admis- sion to Adult Training Centres	49 (43)	42 (22)	91 (65)
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(v) Number of persons on waiting list for admission to hospital

(A) Hospitals for the subnormal

		Severely Subnormal		Subnormal				Total						
		M.	F.	M.		F.		M.		F.				
Very urgent	...	18	(16)	1	(3)	3	(2)	—	(—)	21	(18)	1	(3)	
Urgent	...	14	(17)	9	(6)	5	(5)	—	(3)	19	(22)	9	(9)	
Not urgent	...	10	(10)	10	(9)	1	(3)	2	(—)	11	(13)	12	(9)	
TOTAL		...	42	(43)	20	(18)	9	(10)	2	(3)	51	(53)	22	(21)
Potential cases			14	(13)	11	(12)	3	(3)	5	(2)	17	(16)	16	(14)
GRAND TOTAL			56	(56)	31	(30)	12	(13)	7	(5)	68	(69)	38	(35)
			87 (86)		19 (18)				106 (104)					

(B) Mentally Ill (The Vale Hospital, Swainsthorpe)

Male	Female	Total
2	12	14

6. New Cases arising during the year

	M.	F.	Total
(i) Notified under Section 57 of the of the Education Act, 1944 ...	17 (11)	10 (10)	27 (21)
(ii) Reported by Education Com- mittee as requiring care and guidance ...	24 (29)	23 (21)	47 (50)
(iii) Other referrals ...	13 (19)	3 (13)	16 (32)
TOTAL ...	54 (59)	36 (44)	90 (103)

XII. NATIONAL ASSISTANCE ACT, 1948

The County Council has delegated to the Health Committee responsibility for the administration of welfare schemes, approved by the Ministry of Health under Sections 29 and 30 of this Act.

Welfare of the Blind

Registration

186 persons were examined by ophthalmic surgeons during the year and, of the 134 certified as blind, 100 were over 70 years of age.

No. on register 1.1.61 ...	928
No. of new cases certified as blind ...	134
No. of removals to the County ...	12
	146
	1,074
No. of cases removed from register as no longer blind ...	7
No. of removals from the County ...	13
No. of deaths ...	115
	135
No. on register 31.12.61 ...	939

The numbers of cases on the register at the end of the last 5 years were:—

1957	...	...	...	900
1958	...	...	...	896
1959	...	...	...	938
1960	...	...	...	928
1961	...	...	...	939

72.4% of all cases on the blind register at the end of the year were 65 years of age or over, approximately the same percentage as for previous years. 86 were over 90 years of age.

Employment

The Council has continued agency arrangements with the placement service of the Royal National Institute for the Blind. The value of the placement service lies chiefly in the fact that the individual placement officers cover several counties and they are also able to link up with their colleagues. One particularly difficult placement case concerns a young man with a hearing defect and also weakness of the wrists. He has been trained as a telephone operator, a suitable headpiece having been specially designed to counteract the deafness. The placement officer has obtained from the Post Office Telephones a list of local firms with suitably sized switchboards and has contacted responsible persons in every firm with a view to obtaining employment for this person. This has meant many days' work, so far without success, but promises have been received of employment when a vacancy arises and follow-up visits have been arranged.

For older persons who have commitments which prevent them from moving to other areas, the solution is often to be found in sheltered employment in the workshops of the Norwich Institution for the Blind, following a period of training arranged by the Ministry of Labour.

At the end of the year, 17 men and 4 women were employed in the workshops of the Norwich Institution and 6 men were included in the Council's home workers scheme. 2 home workers ceased during the year, due to the death of a braille copyist and the return to workshop employment of a machine knitter. 39 Norfolk blind persons were engaged in other forms of employment.

Home Teaching and Visiting

The Council's establishment of 8 home teachers was filled from late July. 6 are qualified and the remaining 2 unqualified trainees have also proved satisfactory, covering normal districts under supervision by the senior home teacher.

The filling of vacancies on the establishment of home teachers has reduced the strain on the staff, enabled welfare visiting to be carried out more frequently and more time to be devoted to instruction in handicrafts and embossed literature. With more blind persons doing pastime handicraft work, sales have had to be arranged at additional centres to dispose of the extra goods made.

The social centres at Diss, Fakenham, King's Lynn, North Walsham and Norwich meet monthly and are enjoyed by the members. Attendance is good even in inclement weather, due to the valuable assistance of volunteer car drivers. Without this assistance, many would be unable to attend owing to infirmity or lack of public transport. The work of other voluntary helpers who prepare and serve refreshments at the social centres is also gratefully acknowledged.

Wireless sets provided by the British Wireless for the Blind Fund have been distributed and maintained. The Annual Blind Show of horticultural, handicraft and domestic produce was again a most successful and popular event. On this occasion, prizewinning articles in the handicraft classes were subsequently entered in a regional competition organised by the Southern Regional Association for the Blind and it is a tribute to the standard of work done by our Norfolk blind in their own homes that 2 first (silver medals), 1 second (bronze medal), 3 highly commended and 1 commended awards were won. A party of blind persons and home teachers attended the Exhibition.

Welfare of the Partially Sighted

The numbers of cases on the register at the end of the last 5 years were as follows:—

1957	...	...	...	326
1958	...	...	...	299
1959	...	...	...	292
1960	...	...	...	299
1961	...	...	...	268

The needs of the partially sighted are usually much less than for the blind and visits by the home teachers are not so frequent. Two partially sighted men are employed in sheltered workshops for the blind.

Welfare of the Deaf, Dumb and Hard of Hearing

The number of cases on the register at the end of the year was 347 (one less than at the end of 1960) classified as follows (1960 figures in brackets):—

Age group	Deaf and/or Dumb			Hard of hearing		
	Male	Female	Total	Male	Female	Total
Under 16	5 (5)	7 (7)	12 (12)	17 (19)	21 (22)	38 (41)
16—49	44 (44)	57 (58)	101 (102)	16 (14)	19 (18)	35 (32)
50—64	29 (30)	19 (20)	48 (50)	9 (9)	10 (10)	19 (19)
65 and over	22 (20)	21 (21)	43 (41)	15 (15)	36 (36)	51 (51)
	100 (99)	104 (106)	204 (205)	57 (57)	86 (86)	143 (143)

The Deaf and Dumb (Norfolk and Norwich) Association has continued to provide welfare services as the agent of the Council and also acts in a similar capacity for the Norwich and Great Yarmouth authorities. The Association employs a full-time qualified missionary and, following a joint meeting with the three authorities, it has been agreed that a qualified female assistant shall also be employed. Grants are paid by the three local authorities on a common basis.

Social facilities for the deaf are provided at Great Yarmouth, King's Lynn and Norwich and a hard of hearing club is held in Norwich. Much of the missionary's time is devoted to domestic and employment problems.

Welfare of the Physically Handicapped—General Classes

The numbers on the register at the end of the year (1960 figures in brackets) were:—

Age Group	Male	Female	Total
16—49 ...	191 (184)	116 (112)	307 (296)
50—64 ...	164 (167)	127 (120)	291 (287)
65 and over	134 (113)	76 (64)	210 (177)
	<hr/> 489 (464) <hr/>	<hr/> 319 (296) <hr/>	<hr/> 808 (760) <hr/>

202 of the persons on the register were capable of ordinary employment and a further 68 of work under sheltered conditions.

For those not capable of, or not available for, employment, handicraft training at home is available, if desired, through the Norfolk Association for the Care of the Handicapped and the Norfolk Branch of the British Red Cross Society. Each organisation covers half the county and grants are paid by the Council for this service. The Education Committee is also prepared to provide handicraft instructors for classes at suitable centres.

Social facilities and instruction in handicrafts are provided through the British Red Cross Society Clubs at Aylsham, Downham, Fakenham, Hunstanton and Sheringham and the St. Raphael Clubs at Great Yarmouth, King's Lynn, Norwich, Swaffham and Thetford. There is also an independent club at East Dereham.

The Federation of St. Raphael Clubs and the Norfolk Association for the Care of the Handicapped organise holiday camps at Caister and Gorleston respectively and the Council gives financial assistance, where necessary, to enable handicapped persons to attend these camps.

In July, 1961, the Ministry of Health invited local authorities to make arrangements for the issue of car badges for severely disabled drivers to assist with parking. The badge is for identification only, confers no legal rights or privileges and is for those who suffer from a substantial and permanent defect which causes severe difficulty in walking. The Council agreed to issue badges and at the end of the year these had been supplied to 62 applicants.

XIII. INFECTIOUS AND OTHER DISEASES

Notifications of infectious disease during the year and the distribution throughout the county districts are set out in Table 4.

126 cases of *dysentery* were notified and, although this figure is rather above the usual incidence of the disease in previous years, it is considerably lower than the 750 cases reported in 1960.

Only 1 case of *poliomyelitis* was notified, involving a young Serviceman who developed the paralytic form of the disease. The very low incidence of this disease during the past few years, in association with the expanding vaccination programme, encourages the hope that poliomyelitis, which has been so prevalent for the last 15 years, has at last been controlled, as has diphtheria, as a result of protective inoculation.

No case of *diphtheria* was notified during 1961.

7,633 cases of *measles* were notified during the year but there were no deaths. This is considerably above the figure for 1961 but the national and local increase reflects the expected periodicity of the incidence of this disease.

Whooping cough notifications amounted to 432, 216 fewer than last year.

There were 271 cases of *scarlet fever* compared with 297 in 1960.

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

TABLE 4.

Disease	Number of cases notified																											
	Municipal Boroughs		Urban districts										Rural districts														Totals	
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Aylsham	Smallburgh	Swaffham	Walsingham		Wayland
Scarlet fever	10	4	4	2	—	—	—	2	—	1	—	7	16	11	3	10	10	25	24	14	7	34	43	4	26	3	11	271
Whooping cough	—	9	11	32	—	3	—	—	—	—	—	1	70	15	1	34	8	29	1	21	6	33	57	42	26	10	23	432
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Measles	379	253	41	115	140	186	15	235	41	9	—	131	750	509	249	601	434	600	116	429	86	279	657	271	255	242	610	7633
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute pneumonia	15	4	3	5	2	2	—	—	—	—	—	—	43	8	4	28	1	9	4	1	1	9	11	18	7	1	17	194
Dysentery	24	—	2	2	5	—	—	—	—	1	—	—	18	—	—	21	—	6	16	—	—	7	20	2	—	—	2	126
Acute encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Erysipelas	1	1	1	—	—	—	—	1	—	—	—	—	4	—	—	3	—	6	—	1	1	1	1	2	1	—	—	23
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	—	—	—	—	—	3
Food poisoning	—	—	—	1	—	—	—	—	—	—	—	4	13	13	—	—	2	—	—	2	—	1	10	—	—	1	2	50
Puerperal pyrexia	—	4	—	—	—	1	—	—	—	—	—	1	—	3	1	—	2	1	—	2	—	1	7	—	—	1	—	24
Ophthalmia neonatorum	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	4
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice or infective hepatitis	4	—	1	6	1	—	—	1	—	—	—	—	28	6	1	2	3	14	1	2	—	7	19	2	—	2	—	102
Totals	433	277	63	163	148	192	15	240	41	11	—	144	942	566	260	699	460	690	162	473	102	372	828	340	315	261	669	8866

XIV. ENVIRONMENTAL HYGIENE

The County Public Health Engineer reports as follows :—

Water Supplies and Sewerage

Water Supplies

The development and extension of rural water supplies throughout the county continued during the year and contributions were allocated by the County Council to District Councils for the following schemes:—

District Council		Scheme		Estimated Capital Cost £
Blofield and Flegg	...	South West Sector Stage III	...	78,370
		North East Sector Stage II	...	3,015
Depwade	...	Rushall Waterworks—Rushall to Harleston link main and extensions to Fen Street, Roydon		21,327
Downham	...	Fourth extension	...	8,831
Erpingham	...	Eastern area	...	104,350
		Western area	...	121,600
Forehoe and Henstead	...	Kirby Bedon (revision)	...	755
Mitford and Launditch	...	Weasenham, Fransham and Lyng	...	14,571
		Hardingham	...	4,850
		Beeston	...	7,379
Smallburgh	...	Barton Turf	...	12,360
		Neatishead and Smallburgh extensions	...	7,200
		Extensions in Areas A, B and C	...	80,800
Swaffham Rural	...	Gooderstone — Oxborough extension	...	1,500

New schemes or extensions examined by the Water Supplies and Sewerage Sub-Committee during the year were:—

District Council		Scheme	
Depwade	...	Earsham extension—Waveney Farm area	
		Gissing	
		Wacton	
Docking	...	Improvement to supply	
Forehoe and Henstead	...	Runhall and Coston	
		Hingham, Deopham and Morley	
Freebridge Lynn	...	Castle Rising (link with Sandringham Estate)	
		Grimston, Leziate and East Winch	
Mitford and Launditch	...	East Tuddenham	
Smallburgh	...	Barton Turf—Berry Hall Farm area	
Walsingham	...	Wood Norton and Hindolveston	
North Walsham		Mundesley Road extension	
Wymondham	...	Silfield extension	

Sewerage and Sewage Disposal

During the year, the County Council allocated contributions to District Councils for the following schemes:—

District Council		Scheme		Estimated Capital Cost £
Blofield and Flegg	...	Thunder Lane extension	...	650
Depwade	...	Alburgh	...	10,690
Downham	...	Southery	...	87,504
Erpingham	...	Aldborough (revision)	...	25,106
		Gimingham	...	14,021
		Holt (revision)	...	13,775
St. Faith's and Aylsham		Hellesdon connections	...	45,000
Smallburgh	...	Hoveton	...	131,190
Swaffham Rural	...	Cockley Cley	...	6,037
		Bradenham	...	28,843
		Sporle—Elephant and Castle extension (revision)	...	4,911
Walsingham	...	Blakeney, Morston and Wiveton	...	99,000
		Fakenham and Hempton Stages II and III	...	57,200
		Fakenham and Hempton Stage I (revision)	...	42,828
Cromer	...	Holt Road Sewer—Main scheme	...	4,835
		Holt Road terminal extension	...	2,054
Downham Market	...	Stage II	...	70,598

New schemes or extensions examined by the Sub-Committee during the year were:—

District Council		Scheme	
Depwade	...	Long Stratton Sewage Disposal Works	
Downham	...	Denver	
Erpingham	...	East Runton Sewer Outfall—Proposed extension	
		Weybourne	
Freebridge Lynn	...	West Winch and North and South Wootton	
		Grimston	
Loddon	...	Ellingham and Kirby Cane	
Mitford and Launditch	...	Shipdham	
		Litcham	
St. Faith's and Aylsham		Catton, Hellesdon and Sprowston	
Swaffham Rural	...	Holme Hale	
Wayland	...	Attleborough	
Sheringham	...	Extension of sewers and sea outfall	

Local inquiries and investigations into, and inspections of, the following schemes were held by Ministry of Housing and Local Government Inspectors during the year. In most cases, the County Public Health Engineer either attended or was represented and, where necessary, evidence was given in support of the schemes:—

Blofield and Flegg	...	Blofield and Brundall
Depwade	...	Long Stratton new Sewage Disposal Works
Docking	...	Burnham Market
Erpingham	...	Weybourne
Mitford and Launditch	...	North Elmham
Swaffham Rural	...	Gooderstone

Milk and Dairies

Specified Area Supervision

The following table shows the results of examinations of samples submitted during the year from retailers in the whole of the administrative county. Failing samples were followed up and advice given where necessary. Void samples were those for which no examination was carried out because of atmospheric shade temperatures exceeding 70°F. during the period of storage at the laboratory. Close liaison was maintained with local authorities and the Ministry of Agriculture, Fisheries and Food.

Test		No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue (Raw milk) ...	...	183	161	11	11
Methylene Blue (Pasteurised milk) ...	...	649	569	8	72
Phosphatase (Pasteurised milk) ...	...	649	646	3	—
Turbidity (Sterilised milk) ...	...	58	58	—	—
		—	—	—	—
Totals ...	...	1,539	1,434	22	83
		—	—	—	—

Retail Distribution of Milk

Under the Milk (Special Designation) Regulations, 1960, the County Council, since January 1st of this year, has been responsible for licensing all milk dealers, apart from producer/retailers who are licensed by the Ministry of Agriculture, Fisheries and Food. During the year, records of premises, storage, reception and deliveries of milk were completed in respect of all 426 dealers in the county. In 53 cases, improved arrangements under one or other of these headings were made.

Pasteurising Plants

86 routine detailed inspections were made at the pasteurising plants and other visits were made as necessary to investigate causes of sample failures. During the year, two plants ceased operation and at the remaining five a satisfactory standard was maintained.

The following table records samples taken from the plants. The phosphatase failures were found to be due to difficulties associated with the installation of new equipment at one of the dairies.

Test		No of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue ...	...	413	370	11	32
Phosphatase ...	...	410	407	3	—
		—	—	—	—
Totals ...	...	823	777	14	32
		—	—	—	—

Milk in Schools Scheme

The supply of pasteurised milk to all schools was continued throughout the year and the sampling history, as shown below, was generally satisfactory.

Where necessary, storage arrangements for overnight deliveries of milk to schools have been improved with the co-operation of the Chief Education Officer.

Test		No of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue	...	319	296	2	21
Phosphatase	...	319	318	1	—
		—	—	—	—
Totals	...	638	614	3	21
		—	—	—	—

During the year, 269 samples of schools milk were submitted to the Gerber Test and in 7 cases it was found necessary for follow-up investigations to be made by the Weights and Measures Department.

Brucella Abortus

Of 634 bulk samples of milk submitted during the year for biological examination, 12 were found to contain the brucella abortus organism and subsequent investigations, including the submission of 1,180 individual samples, were made to trace the offending animals. As a result, 22 cows were found to be excreting the organism in the milk.

In those cases where the results were positive, the facts were forwarded to the District Medical Officers of Health for necessary action to prevent the consumption, in the raw state, of milk from the affected animals.

Bulk sampling covered all retail sales of raw milk and once again I should record a tribute to the producers and retailers concerned for their co-operation during the periods of investigation which necessarily caused them some inconvenience.

Hospital Dairy Farms

The following table shows the results of samples submitted, at the request of the Ministry of Health, from the farm at St. Andrew's Hospital during the year:—

Test		No. of Examinations	Satisfactory	Unsatisfactory
Methylene Blue	...	14	11	3
Biological (Brucella Abortus)	...	6	6	—
Biological (Tuberculosis)	...	5	5	—
		—	—	—
Totals	...	25	22	3
		—	—	—

Ice Cream

313 samples of ice cream were submitted for examination during the year. Of these, 281 were classified in Grade I and 27 in Grade II. Two samples were recorded as doubtful (Grade III) and three unsatisfactory (Grade IV). The majority of these samples were submitted from the large national manufacturers but the records show that the local manufacturers have continued to maintain a satisfactory standard.

Food Inspections

408 inspections of foodstuffs were completed at school canteens during the year and 24 at other County Council establishments. Damp storage conditions, overlong storage and insect infestation were among the main conditions causing foodstuffs to be unfit for human consumption and, where necessary, suitable action was taken with the suppliers concerned. Improvements in so far as compliance with the requirements of the Food Hygiene Regulations are concerned, have continued to be made and regular talks in this respect have been given to canteen personnel.

Co-operation with both them and officers responsible for the canteens and their administration has continued to be excellent.

Clean Milk Bottle Campaign

During the year, the campaign which originated from the County Council was extended to the whole of East Anglia and representatives of many local authorities and of dairy wholesalers co-operated extensively to produce a commercial film which was shown on television throughout the area. At the same time, a poster campaign was organised and steps taken to ensure that many bottle dumps were cleared. Local Education Authorities were also invited to co-operate in the campaign.

Housing and Sanitary Complaints

The following gives the number of complaints received and investigated, the majority relating to housing matters:—

Housing—					
Overcrowding	...	...	...	...	2
Old or registered blind persons requiring ground floor accommodation	...	...	...	...	4
Insanitary premises	...	...	...	...	11
				—	17
Drainage	...	...	...	...	5
Nuisances generally	...	...	...	...	6
				—	
			Total	...	28
					—

New Housing

The following table shows the number of new permanent dwellings completed in the post-war period and during the current year, and is taken from the quarterly Housing Returns of the Ministry of Housing and Local Government:—

Total permanent dwellings completed in 1961 and total completed to date in the post-war period (i.e. from 1st April, 1945) for the Administrative County of Norfolk

Housing Authority Area	Housing Authorities and Housing Associations.		Private Builders		Totals	
	During 1961	Total to 31/12/61	During 1961	Total to 31/12/61	During 1961	To 31/12/61
MUNICIPAL BOROUGHs—						
King's Lynn ...	48	1,820	70	529	118	2,349
Thetford ...	174	627	31	134	205	761
URBAN DISTRICTS—						
Cromer ...	—	148	14	135	14	283
Diss ...	—	285	17	106	17	391
Downham Market ...	22	168	5	54	27	222
East Dereham ...	24	440	105	366	129	806
Hunstanton ...	—	157	16	256	16	413
North Walsham ...	12	338	15	164	27	502
Sheringham ...	4	133	15	125	19	258
Swaffham ...	22	246	31	105	53	351
Wells-next-the-Sea ...	19	158	9	39	28	197
Wymondham ...	9	353	24	199	33	552
RURAL DISTRICTS—						
Blofield & Flegg ...	10	766	290	2,405	300	3,171
Depwade ...	—	838	46	402	46	1,240
Docking ...	8	494	46	467	54	961
Downham ...	34	833	66	462	100	1,295
Erpingham ...	—	608	42	442	42	1,050
Forehoe & Henstead ...	11	892	237	1,694	248	2,586
Freebridge Lynn ...	8	534	105	539	113	1,073
Loddon ...	—	547	50	339	50	886
Marshland ...	18	813	77	646	95	1,259
Mitford & Launditch ...	20	594	36	305	56	899
St. Faith's & Aylsham ...	29	1,191	518	4,350	547	5,541
Smallburgh ...	12	632	92	518	104	1,150
Swaffham ...	36	739	25	295	61	1,034
Walsingham ...	17	739	40	336	57	1,075
Wayland ...	—	633	59	418	59	1,051
TOTALS ...	537	15,526	2,081	15,830	2,618	31,356

Technical Assistance to District Councils

The arrangement for giving technical assistance to District Councils by undertaking the design and preparation of sewerage and water supply schemes on a repayment basis is running smoothly and economically. The close co-operation between those Districts which are taking part in the scheme and the County Council is resulting in advantages to both, which are expected to increase as the extensive programmes of sewerage develop. It is becoming even more obvious that the introduction of pipe water supply throughout the county must eventually lead to the provision of sewerage in most villages but it will be a long and extremely expensive process. Those District Councils

to which we are giving assistance have prepared long-term programmes for construction of schemes on a priority basis and they are not only to be congratulated on this but by so doing they have enabled us to keep the staff necessary for the production of these schemes down to a minimum.

During the year under review, two small contracts for water supply were completed for North Walsham Urban District Council and a major sewerage contract for Docking Rural District Council at a cost of £100,000 was placed. Other schemes were brought to an advanced stage of preparation.

XV. MISCELLANEOUS

Registration of Nursing Homes

	Number of Homes	Types and numbers of cases provided for:—		
		Maternity	General Nursing	Totals
Homes first registered during the year	3	5	23	28
Homes whose registrations were withdrawn during the year	2	—	10	10
Homes on the register at end of year	23	20	374	394

All homes are visited at regular intervals by the County Medical Officer and Superintendent Nursing Officer.

There is no delegation of powers and duties to county district councils.

Laboratory Examinations

The Public Health Laboratory Service Board provides facilities at the Public Health Laboratory, Norwich for the examination of specimens submitted by general medical practioners for the diagnosis of infectious diseases and for those sent by the Council's medical staff in connection with the prevention and control of infectious diseases and examination of staff.

The Norwich laboratory examined the following samples submitted by the Public Health Engineer's staff of the County Council and by the public health inspectors of the county district councils:—

Samples Submitted by the County Public Health Engineer

Water (bacteriological examination)	40
Milk (bulk samples for biological examination)	645
Milk (individual cow quarter samples for brucella abortus examination)	1,180
Milk (methylene blue examination)	1,578
Milk (phosphatase examination)	1,378
Milk (turbidity examination)	58

Samples Submitted by District Public Health Inspectors

Ice cream (methylene blue examination)	...	313
Water (bacteriological examination)	...	1,955

Other samples, which were submitted by the County Public Health Engineer, were examined by the Public Analyst as follows:—

Water (nitrate estimation)	...	100
Water (bacteriological examination)	...	29
Water (chemical examination)	...	3
Water (chemical and bacteriological examination)		2
Milk (turbidity examination)	...	1
Other examinations	...	2

Medical Examinations

The following examinations were made by the medical staff of the Health Department:—

Superannuation purposes	...	338
Candidates for entry to the Norfolk Fire Service		38
Candidates for teachers' training colleges and entrants to the teaching profession	...	247
School canteen workers (non-superannuable)	...	148
School road crossing patrols (non-superannuable)		16
Allocation of part pensions	...	2
Fire Service pensioners	...	4
		<hr/> 793 <hr/>

Medical advice was given in 6 cases of County Council employees, who were no longer considered capable of discharging their duties, and in 54 cases of prolonged absence of staff through sickness.

Twelve applicants for driving licences, whose fitness was in doubt, were referred to the Health Department by the Local Taxation Officer for medical advice.

An additional 25 medical examinations were undertaken on behalf of other authorities on a reciprocal basis.

